Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF MISSOURI	=	
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	■ Chapter 13	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on	Kimberley	
	your government-issued picture identification (for example, your driver's	First name	First name
	license or passport).	Middle name	Middle name
	Bring your picture	Herbert	
	identification to your meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-2035	

Debtor 1 Kimberley Herbert

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.			
	Include trade names and doing business as names	Business name(s)	Business name(s)			
		EINs	EINs			
5.	Where you live		If Debtor 2 lives at a different address:			
		153 Amiot Court				
		Saint Louis, MO 63146 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		Saint Louis				
		County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing this district to file for	Check one:	Check one:			
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)			

Debtor 1 Kimberley Herbert

Case number (if known)

7	7. The chapter of the Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy							
ι.	Bankruptcy Code you are	(Form 2010)). Also, go to the top of page 1 and check the appropriate box.						
	choosing to file under	☐ Chapter 7						
		☐ Ch	apter 11					
		☐ Ch	apter 12					
		■ Ch	apter 13					
8.	How you will pay the fee	-	about how yo	u may pay. Typ attorney is sub	pically, if you are paying the fee you	with the clerk's office in your local court for urself, you may pay with cash, cashier's checkif, your attorney may pay with a credit card o	ck, or money	
						n, sign and attach the Application for Individu	ıals to Pay	
			ŭ		ts (Official Form 103A).	only if you are filing for Chapter 7. By law, a	iudae may	
		 	but is not req applies to you	uired to, waive ir family size ar	your fee, and may do so only if yound you are unable to pay the fee in	or income is less than 150% of the official points installments). If you choose this option, you all Form 103B) and file it with your petition.	verty line that	
9.	Have you filed for bankruptcy within the	■ No.						
	last 8 years?	☐ Yes	S.					
			District		When	Case number		
			District		When	Case number		
			District		When	Case number		
10.	Are any bankruptcy cases pending or being	■ No						
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes	s .					
			Debtor			Relationship to you		
			District		When	Case number, if known		
			Debtor			Relationship to you		
			District		When	Case number, if known		
11.	Do you rent your residence?	■ No.	Go to I	ne 12.				
	. Coldonoo .	☐ Yes	. Has yo	ur landlord obta	ained an eviction judgment against	you?		
				No. Go to line	12.			
				Yes Fill out In	uitial Statement About an Eviction .I	udgment Against You (Form 101A) and file it	as part of	

Debtor 1 Kimberley Herbert Pg 4 of 74 Case number (if known)

Par	t 3: Report About Any Bu	sinesses	You Own	as a Sole Proprie	tor
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.	
		☐ Yes.	Name	and location of bus	siness
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	of business, if any	
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	er, Street, City, Star	te & ZIP Code
	it to this petition.	Check the appropriate box to describe your business:			x to describe your business:
☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))				ness (as defined in 11 U.S.C. § 101(27A))	
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))
				Stockbroker (as d	efined in 11 U.S.C. § 101(53A))
				Commodity Broke	er (as defined in 11 U.S.C. § 101(6))
				None of the above	
13.	3. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, following the following that it can deadlines. If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, following the following that it can deadlines. If you are filing under Chapter 11, the court must know whether you are a small business debtor, you must attach your most recent balance sheet operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, following the federal income tax return or if any of these documents do not exist, following the federal income tax return or if any of these documents do not exist, following the federal income tax return or if any of these documents do not exist.				a small business debtor, you must attach your most recent balance sheet, statement of ederal income tax return or if any of these documents do not exist, follow the procedure
	For a definition of small	No.	I am n	ot filing under Chap	oter 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am fi Code.	•	11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.	I am fi	ling under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Par	t 4: Report if You Own or	Have Any	Hazardo	us Property or An	y Property That Needs Immediate Attention
14.	Do you own or have any	■ No.			
	property that poses or is alleged to pose a threat	☐ Yes.			
	of imminent and identifiable hazard to	□ res.	What is t	the hazard?	
	public health or safety? Or do you own any property that needs immediate attention?			iate attention is why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	the property?	
					Number, Street, City, State & Zip Code

Debtor 1 Kimberley Herbert

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2	(Spouse	Only in a	Joint (Case):
-----------------------	---------	-----------	---------	--------

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Kimberley Herbert Pg 6 of 74 Case number (if known)

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?

16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

No. Go to line 16b.

Yes. Go to line 17.

16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

		money for a basiness of i	invocation of anough the operation of the basis	incoo or invocament.			
		☐ No. Go to line 16c.					
		☐ Yes. Go to line 17.					
	16c.	State the type of debts yo	ou owe that are not consumer debts or busines	s debts			
Are you filing under Chapter 7?	■ No.	I am not filing under Chap	oter 7. Go to line 18.				
Do you estimate that after any exempt property is excluded and	☐ Yes.		m filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expen- paid that funds will be available to distribute to unsecured creditors?				
administrative expenses are paid that funds will		□ No					
be available for distribution to unsecured creditors?		Yes					
How many Creditors do	■ 1-49		□ 1,000-5,000	☐ 25,001-50,000			
you estimate that you owe?	☐ 50-99)	5 001-10,000	5 0,001-100,000			
owe?	☐ 100-1		1 0,001-25,000	☐ More than100,000			
	□ 200-9	999					
How much do you	□ \$0 - \$	550,000	☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion			
estimate your assets to be worth?	□ \$50,0	01 - \$100,000	☐ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion			
be worth?	\$ 100,	001 - \$500,000	☐ \$50,000,001 - \$100 million	☐ \$10,000,000,001 - \$50 billion			
	□ \$500,	001 - \$1 million	☐ \$100,000,001 - \$500 million	☐ More than \$50 billion			
How much do you	□ \$0 - \$	550,000	☐ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion			
estimate your liabilities		001 - \$100,000	☐ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion			
to be?	\$ 100.	001 - \$500,000	☐ \$50,000,001 - \$100 million	□ \$10,000,000,001 - \$50 billion			
		001 - \$1 million	☐ \$100,000,001 - \$500 million	☐ More than \$50 billion			

Part 7: Sign Below

For you

17.

18.

19.

20.

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Kimberley Herbert
Kimberley Herbert
Signature of Debtor 1

Executed on August 8, 2019
MM / DD / YYYY

Executed on MM / DD / YYYYY

MM / DD / YYYYY

Debtor 1 Kimberley Herbert Pg 7 of 74 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Jack J.	Adams	Date	August 8, 2019
Signature of A	Attorney for Debtor		MM / DD / YYYY
	ams 37791; 37791MO		
Printed name			
Adams Lav	v Group		
Firm name	•		
US Bank B	uilding		
One Mid Ri	ivers Mall Drive, Suite 200		
St. Peters.	•		
	City, State & ZIP Code		
Contact phone	636-397-4744	Email address	contact@thinkadamslaw.com
37791; 377	91MO MO		
Bar number & Sta	ate		

Fill in this inform	mation to identify your	case:	1 9 0 01 14	
Debtor 1	Kimberley Herbe	rt		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	nkruptcy Court for the:	EASTERN DISTRICT C	DF MISSOURI	
Case number _				
(if known)				Check if this is an
				amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Par	t 1: Summarize Your Assets		
		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	309,404.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	40,795.01
	1c. Copy line 63, Total of all property on Schedule A/B	\$	350,199.01
Par	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	309,606.99
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	120,411.57
	Your total liabilities	\$	430,018.56
Par	t 3: Summarize Your Income and Expenses	•	
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	8,376.25
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	7,474.00
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other scl	nedules.
7.	■ Yes What kind of debt do you have?		
	Vous dabte are primarily consumer dabte. Consumer dabte are those "incurred by an individual primarily for	o noroonal	family or

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Debtor 1 Kimberley Herbert Pg 9 of 74 Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____6,844.49

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total clair	n
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

	Case 19-	-44960	Doc 1 File	ed 08/08/19	9 Entered 08/08/19	9 16:19:33	Main I	Document
Fill i	n this information	n to identify	your case and th		9 10 01 74			
Debt		imberley h		Name	Last Name			
Debt (Spou		st Name	Middle	Name	Last Name			
Unite	ed States Bankrup	tcy Court for	the: EASTERN	DISTRICT OF N	MISSOURI			
Case	number							☐ Check if this is an amended filing
Sc n eac	it fits best. Be as c	/B: Pi tely list and d omplete and a	roperty escribe items. List a accurate as possible	e. If two married	e. If an asset fits in more than o people are filing together, both a On the top of any additional pag	re equally respo	nsible for su	pplying correct
					ilding, land, or similar property?			
	No. Go to Part 2. Yes. Where is the p	roperty?		What is the pr				
				_	operty? Check all that apply	Do not dedu	ct secured class	ims or exemptions. Put
	Yes. Where is the p	ırt	cription	☐ Single-f		the amount of	of any secured	ims or exemptions. Put d claims on Schedule D: ns Secured by Property.
	Yes. Where is the p 153 Amiot Cou Street address, if availa Saint Louis	III able, or other des MO	63146-0000	Single-f Duplex Condon Manufar	operty? Check all that apply amily home or multi-unit building ninium or cooperative ctured or mobile home	Current valuentire prope	of any secured ho Have Clain use of the erty?	d claims on Schedule D: ns Secured by Property. Current value of the portion you own?
	Yes. Where is the p	<i>IIT</i> ible, or other des		Single-f Duplex Condon Manufar	operty? Check all that apply amily home or multi-unit building ninium or cooperative ctured or mobile home ent property	Current valuentire proper \$300	of any secured ho Have Clain use of the erty? 9,404.00 e nature of ye	d claims on Schedule D: ns Secured by Property. Current value of the
	Yes. Where is the p 153 Amiot Cou Street address, if availa Saint Louis	III able, or other des MO	63146-0000	Single-f Duplex Condon Manufac Land Investm Timesha	operty? Check all that apply amily home or multi-unit building ninium or cooperative ctured or mobile home ent property are	Current valuentire proper \$300	of any secured ho Have Clain use of the erty? 9,404.00 e nature of yells simple, tens	d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$309,404.00 our ownership interest

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here......>>

\$309,404.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Debto	ri Ki	imberley Herbert		ase number <i>(if known)</i>	
3. Car	s. vans. t	trucks, tractors, sport utility ve	chicles, motorcycles	_	
		uono, uonono, oponi uning			
	0				
Y	es				
3.1	Make:	Jeep	Who has an interest in the property? Check one		claims or exemptions. Put ured claims on Schedule D:
	Model:	Cherokee	Debtor 1 only		laims Secured by Property.
	Year:	2013	Debtor 2 only	Current value of the	Current value of the
		ate mileage: 56000	Debtor 1 and Debtor 2 only	entire property?	portion you own?
г	Other info	ormation:	At least one of the debtors and another		
			Check if this is community property (see instructions)	\$15,868.13	\$15,868.13
3.2	Make:	Nissan	Who has an interest in the property? Check one		claims or exemptions. Put ured claims on Schedule D:
	Model:	Pathfinder	Debtor 1 only		laims Secured by Property.
	Year:	2015	Debtor 2 only	Current value of the	Current value of the
		ate mileage: 56000	Debtor 1 and Debtor 2 only	entire property?	portion you own?
г	Other info	ormation:	At least one of the debtors and another		
			☐ Check if this is community property (see instructions)	\$22,516.88	\$22,516.88
	nples: Bo		nd other recreational vehicles, other vehicles, an atercraft, fishing vessels, snowmobiles, motorcycle a		
Exam ■ N □ Y	nples: Bo	eats, trailers, motors, personal wa	atercraft, fishing vessels, snowmobiles, motorcycle a	accessories ny entries for	\$38,385.01
Exam ■ N □ Y	nples: Bo	eats, trailers, motors, personal wa	atercraft, fishing vessels, snowmobiles, motorcycle a	accessories ny entries for	\$38,385.01
Exam ■ N □ Y	mples: Bo o es d the doll ges you h	eats, trailers, motors, personal wa	ntercraft, fishing vessels, snowmobiles, motorcycle and the state of t	accessories ny entries for	\$38,385.01
Exam N Y Add pag Part 3:	mples: Bo lo	eats, trailers, motors, personal was lar value of the portion you ow have attached for Part 2. Write e Your Personal and Household It r have any legal or equitable in	ntercraft, fishing vessels, snowmobiles, motorcycle and the state of t	accessories ny entries for	\$38,385.01 Current value of the portion you own? Do not deduct secured claims or exemptions.
Exam N Y Add. pag Part 3: Do yo 6. Hou Exam I	mples: Bo lo	pats, trailers, motors, personal was allar value of the portion you ow have attached for Part 2. Write e Your Personal and Household ltr have any legal or equitable in goods and furnishings Major appliances, furniture, linens	orn for all of your entries from Part 2, including an that number hereems terest in any of the following items?	accessories ny entries for	Current value of the portion you own? Do not deduct secured
Exam N Y Add. pag Part 3: Do yo 6. Hou Exam I	mples: Bo	lar value of the portion you ownave attached for Part 2. Write e Your Personal and Household Iter have any legal or equitable in goods and furnishings Major appliances, furniture, linens scribe	orn for all of your entries from Part 2, including an that number hereems terest in any of the following items?	ny entries for	Current value of the portion you own? Do not deduct secured
Exam N Y S Add pag Part 3: Do yo 6. Hou Exam T Elect Exam T	mples: Bo do the doll ges you h Describe u own or usehold gamples: M No Yes. Description	lar value of the portion you ownave attached for Part 2. Write e Your Personal and Household Ite r have any legal or equitable in goods and furnishings lajor appliances, furniture, linens cribe Living room ser Dishes, Utensil	In for all of your entries from Part 2, including and that number hereems terest in any of the following items? It, Bedroom set, Kitchen/Dining room set, Les, Wall art, Books, Piano eo, stereo, and digital equipment; computers, printer	ny entries for	Current value of the portion you own? Do not deduct secured claims or exemptions.
Exam N Y S Add pag Part 3: Do yo 6. Hou Exam T Elect Exam T	mples: Bo lo lo les d the doll ges you h Describe u own or usehold gamples: M No Yes. Description	lar value of the portion you ownave attached for Part 2. Write e Your Personal and Household Ite r have any legal or equitable in goods and furnishings lajor appliances, furniture, linens cribe Living room ser Dishes, Utensil	rn for all of your entries from Part 2, including and that number here	ny entries for	Current value of the portion you own? Do not deduct secured claims or exemptions.

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

■ No

Filed 08/08/19 Entered 08/08/19 16:19:33 Case 19-44960 Doc 1 Main Document Pg 12 of 74 Case number (if known) Debtor 1 Kimberley Herbert ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... Used clothing \$300.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver □ No Yes. Describe..... Costume jewelry \$300.00 Non-farm animals Examples: Dogs, cats, birds, horses □ No Yes. Describe..... 1 cat, 2 dogs \$0.00 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$2,200,00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ Yes.....

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

□ No

Institution name: ■ Yes.....

De	ebtor 1	Kimberley He	erbert		- T g 10 01 7 4	Case number (if known)	
			17.1.	Checking	Bank of America		\$100.00
			17.2.	Checking	Bank of America		\$100.00
			17.3.		Bank of America		\$10.00
18.	Example No —			ely traded stocks ent accounts with bro	okerage firms, money market acco	ounts	
19.	Non-pu		ck and			inesses, including an interest in an LLC,	, partnership, and
	■ No			about them		% of ownership:	
20.	Negoti	able instruments i	nclude p	personal checks, cas	tiable and non-negotiable instr hiers' checks, promissory notes, a nsfer to someone by signing or de	and money orders.	
	☐ Yes.	Give specific info		about them uer name:			
21.	Examp	nent or pension a bles: Interests in IF			03(b), thrift savings accounts, or o	other pension or profit-sharing plans	
	■ No □ Yes.	List each account		ely. of account:	Institution name:		
22.	Your s		l deposit	s you have made so	that you may continue service or public utilities (electric, gas, water	use from a company r), telecommunications companies, or other	's
	_				Institution name or individu	ual:	
23.	Annuit	ies (A contract for	a perio	dic payment of mone	y to you, either for life or for a nu	mber of years)	
	Yes	lss	uer nam	e and description.			
24.		s in an educatio C. §§ 530(b)(1), 5			ualified ABLE program, or unde	er a qualified state tuition program.	
	■ No □ Yes	Ins	titution r	name and description	n. Separately file the records of ar	ny interests.11 U.S.C. § 521(c):	
25.	■ No	-			ther than anything listed in line	e 1), and rights or powers exercisable for	your benefit
		Give specific info					
26.					d other intellectual property ds from royalties and licensing ag	greements	
	☐ Yes.	Give specific info	rmation	about them			
27.				r general intangible lusive licenses, coop	es erative association holdings, liquo	or licenses, professional licenses	
		Give specific info	rmation	about them			

Official Form 106A/B Schedule A/B: Property page 4

Pg 14 of 74 Case number (if known) Debtor 1 Kimberley Herbert Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information...... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information... 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$210.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.

Debtor	1 Kimberley Herbert	Pg 15 of 74	Case number (if known)	
	Yes. Go to line 47.			
Part 7:	Describe All Property You Own or Have an Interes	st in That You Did Not List Above		
Ex	you have other property of any kind you did not a camples: Season tickets, country club membership	already list?		
■ N	lo 'es. Give specific information			
54. A	dd the dollar value of all of your entries from Part	t 7. Write that number here		\$0.00
Part 8:	List the Totals of Each Part of this Form			
55. P a	art 1: Total real estate, line 2			\$309,404.00
56. P a	art 2: Total vehicles, line 5	\$38,385.01		
57. P a	art 3: Total personal and household items, line 15	\$2,200.00		
58. P a	art 4: Total financial assets, line 36	\$210.00		
59. P a	art 5: Total business-related property, line 45	\$0.00		
60. P a	art 6: Total farm- and fishing-related property, line	e 52 \$0.00		
61. P a	art 7: Total other property not listed, line 54	+\$0.00		
62. T o	otal personal property. Add lines 56 through 61	\$40,795.01	Copy personal property total	\$40,795.01
63. T o	otal of all property on Schedule A/B. Add line 55 +	line 62		\$350,199.01

Official Form 106A/B Schedule A/B: Property page 6

Fill in this inform	mation to identify your			
Debtor 1	Kimberley Herbe	rt		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	F MISSOURI	
Case number (if known)				☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:	Identify	the l	Property	You	Claim	as	Exemp
I all I.	IUCIIIIV	เมเซา	IODEILV	ı ou	Ciaiiii	aэ	LVCIIID

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with	ı you.
---	--------

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
153 Amiot Court Saint Louis, MO 63146 Saint Louis County	\$309,404.00		\$15,000.00	RSMo § 513.475(1)
Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	
2013 Jeep Cherokee 56000 miles Line from Schedule A/B: 3.1	\$15,868.13		\$390.00	RSMo § 513.430.1(3)
Line nom Schedule A/B. 3.1			100% of fair market value, up to any applicable statutory limit	
2015 Nissan Pathfinder 56000 miles Line from Schedule A/B: 3.2	\$22,516.88		\$3,000.00	RSMo § 513.430.1(5)
Ellie Holli Gonedale 74 B. 312			100% of fair market value, up to any applicable statutory limit	
Living room set, Bedroom set, Kitchen/Dining room set, Linens,	\$800.00		\$800.00	RSMo § 513.430.1(1)
Dishes, Utensils, Wall art, Books, Piano Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
Stereo, TV, Laptop, Cellphone Line from Schedule A/B: 7.1	\$800.00		\$800.00	RSMo § 513.430.1(1)
Line Irom Scriedule AVB: 7.1			100% of fair market value, up to any applicable statutory limit	

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De	Millberrey Herbert				
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own		ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	Used clothing Line from Schedule A/B: 11.1	\$300.00	•	\$300.00	RSMo § 513.430.1(1)
				100% of fair market value, up to any applicable statutory limit	
	Costume jewelry Line from Schedule A/B: 12.1	\$300.00		\$300.00	RSMo § 513.430.1(2)
	Zino nom constate //2: /2/			100% of fair market value, up to any applicable statutory limit	
	1 cat, 2 dogs Line from Schedule A/B: 13.1	\$0.00		\$0.00	RSMo § 513.430.1(3)
	Line Holli Golleddie PAB. 10.1			100% of fair market value, up to any applicable statutory limit	
	Checking: Bank of America Line from Schedule A/B: 17.1	\$100.00		\$100.00	RSMo § 513.430.1(3)
	Line Holli Golleddie PAB. 11.1			100% of fair market value, up to any applicable statutory limit	
	Checking: Bank of America Line from Schedule A/B: 17.2	\$100.00		\$100.00	RSMo § 513.430.1(3)
				100% of fair market value, up to any applicable statutory limit	
	Bank of America Line from Schedule A/B: 17.3	\$10.00		\$10.00	RSMo § 513.430.1(3)
	Zino nom concada 772. 7776			100% of fair market value, up to any applicable statutory limit	
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every			led on or after the date of adjustmer	nt.)
	■ No	,			•
	☐ Yes. Did you acquire the property cover	ed by the exemption wi	ithin 1	,215 days before you filed this case	?
	□ No	•		•	
	☐ Yes				

			g 18 of 74			
Fill in this informa	tion to identify you	r case:				
Debtor 1	Kimberley Herb	ert				
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bank	ruptcy Court for the:	EASTERN DISTRICT OF	MISSOURI			
January States Barint						
Case number					_	if this is an led filing
Official Form	106D					
		Mha Haya Clain	C	d by Deanard		4044
Schedule L): Creditors	Who Have Clain	ns Secure	a by Property	<u>y </u>	12/15
		f two married people are filing to out, number the entries, and atta				
1. Do any creditors ha	ave claims secured by	your property?				
☐ No. Check the	nis box and submit th	nis form to the court with your	other schedules. Y	ou have nothing else to	o report on this form.	
Yes. Fill in a	Il of the information b	nelow.		· ·	•	
	Secured Claims					
2. List all secured cla for each claim. If more	aims. If a creditor has ne than one creditor has	nore than one secured claim, list the a particular claim, list the other creat order according to the creditor.	editors in Part 2. As	Amount of claim Do not deduct the	Column B Value of collateral that supports this	Column C Unsecured portion
	·	-		value of collateral.	claim	If any
2.1 Capital One Creditor's Name	Auto Finance	Describe the property that sec 2015 Nissan Pathfinder		\$19,000.00	\$22,516.88	\$0.00
erealier e maine		2015 NISSAII PAUIIIIIUEI	50000 miles			
		As of the date were file the plain	in la OL L HALL			
7933 Presto		As of the date you file, the clai apply.	m is: Check all that			
Plano, TX 7	5024	☐ Contingent				
Number, Street, C	ity, State & Zip Code	☐ Unliquidated				
Who owes the debt	? Check one.	☐ Disputed Nature of lien. Check all that a	pply.			
■ Debtor 1 only		An agreement you made (su		cured		
Debtor 2 only		car loan)	or as mortgage or sec	burcu		
☐ Debtor 1 and Debt	or 2 only	☐ Statutory lien (such as tax lie	n, mechanic's lien)			
☐ At least one of the		☐ Judgment lien from a lawsuit				
☐ Check if this clair		☐ Other (including a right to offs	set)			
community debt						
Date debt was incurr	red 2018	Last 4 digits of account	t number			
2.2 CarMax Fin	ance	Describe the property that sec	cures the claim:	\$15,287.00	\$15,868.13	\$0.00
Creditor's Name		2013 Jeep Cherokee 56				
20.5		As of the date you file, the clai	m is: Check all that			
PO Box 440		apply.				
Kennesaw,		Contingent				
Number, Street, C	ity, State & Zip Code	☐ Unliquidated☐ Disputed				
Who owes the debt	? Check one.	Nature of lien. Check all that a	pply.			
Debtor 1 only		☐ An agreement you made (suc		cured		
Debtor 2 only		car loan)	, <u>, , , , , , , , , , , , , , , , , , </u>			
☐ Debtor 1 and Debt	or 2 only	☐ Statutory lien (such as tax lie	n, mechanic's lien)			
At least one of the	debtors and another	☐ Judgment lien from a lawsuit				
Check if this clair community debt		☐ Other (including a right to offs	set)			
Date debt was incurr	red 2015	Last 4 digits of account	t number 8413			

Debtor 1 Kimberley Herbert		Case number (if known)		
First Name Middle N	Name Last Name			
2.3 Home Point Financial	Describe the property that secures the claim:	\$274,409.99	\$309,404.00	\$0.00
Creditor's Name	153 Amiot Court Saint Louis, MO			
	63146 Saint Louis County			
PO Box 619063	As of the date you file, the claim is: Check all that			
Dallas, TX 75261	apply. Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
■ Debtor 1 only	An agreement you made (such as mortgage or	secured		
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred	Last 4 digits of account number			
2.4 Mill Ridge Villas HOA	Describe the property that secures the claim:	\$910.00	\$309,404.00	\$0.00
Creditor's Name	153 Amiot Court Saint Louis, MO			
242 Old Sulphur Springs	63146 Saint Louis County			
242 Old Sulphur Springs Rd.	As of the date you file, the claim is: Check all that			
Ballwin, MO 63021	apply. Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
,,,,	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
■ Debtor 1 only	☐ An agreement you made (such as mortgage or s	secured		
Debtor 2 only	car loan)			
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)	ners Association fees		
Date debt was incurred 2018	Last 4 digits of account number 450	0		
•	Column A on this page. Write that number here:	\$309,606.9	9	
If this is the last page of your form, add	I the dollar value totals from all pages.	\$309,606.9	9	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

C	ase 19-44960 Doo	; 1 Filed 08/		08/08/19 16:19:33	Main Document
Fill in this	information to identify your	case:	Pg 20 of 74		
Debtor 1	Kimborlov Horbor	-4			
Deptor i	Kimberley Herber	Middle Name	Last Name		
Debtor 2					
(Spouse if, filin	ng) First Name	Middle Name	Last Name		
United Stat	tes Bankruptcy Court for the:	EASTERN DISTRI	CT OF MISSOURI		
Case numb	per				
(if known)					☐ Check if this is an
					amended filing
Official	Form 106E/E				
	Form 106E/F	ha Haya Haa	anurad Claima		42/4E
	lle E/F: Creditors W				12/15 PRIORITY claims. List the other party to
Schedule G: Schedule D: left. Attach tl	Executory Contracts and Unexp Creditors Who Have Claims Sec	ired Leases (Official F ured by Property. If mo	orm 106G). Do not include ore space is needed, copy	any creditors with partially se the Part you need, fill it out, n	roperty (Official Form 106A/B) and on ecured claims that are listed in umber the entries in the boxes on the p of any additional pages, write your
Part 1:	List All of Your PRIORITY Un	secured Claims			
1. Do any	creditors have priority unsecure	d claims against you?			
■ No. 0	Go to Part 2.				
☐ Yes.					
Part 2:	List All of Your NONPRIORIT	Y Unsecured Claim	S		
3. Do any	creditors have nonpriority unsec	ured claims against y	ou?		
□ No. `	You have nothing to report in this pa	art. Submit this form to	the court with your other scho	edules.	
Yes.					
unsecur		for each claim. For each	ch claim listed, identify what	type of claim it is. Do not list clai	r has more than one nonpriority ims already included in Part 1. If more aims fill out the Continuation Page of
					Total claim
4.1 A c	lvantage	Last 4	digits of account number	5509	\$4.560.49
Noi	npriority Creditor's Name				
_	D Box 8833	When	was the debt incurred?	2018	
	ilmington, DE 19899 mber Street City State Zip Code	As of t	he date you file, the claim	is: Check all that apply	
	o incurred the debt? Check one.		,,	an anat apply	
	Debtor 1 only	Псог	ntingent		
	Debtor 2 only		iquidated		
_	Debtor 1 and Debtor 2 only	□ Dis	·		
_	At least one of the debtors and and	_	puled of NONPRIORITY unsecure	d claim:	
	Check if this claim is for a comr		dent loans		
del				aration agreement or divorce tha	at vou did not
ls t	he claim subject to offset?		as priority claims		
	No	☐ Del	ots to pension or profit-sharir	ng plans, and other similar debts	3
	Yes	■ Oth	er. Specify Credit Card	d	

Debtor	1 Kimberley Herbert	Case number (if known)	
4.2	Ameren UE	Last 4 digits of account number 0066	\$350.00
	Nonpriority Creditor's Name 1132 Locust Street Spirit Loving MO 63404	When was the debt incurred? 2018	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	_	
	Debtor 1 only	Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify <i>Utility</i>	
4.3	American Express	Last 4 digits of account number 4104	\$11,696.00
	Nonpriority Creditor's Name PO Box 981537	When was the debt incurred? 2017	
	El Paso, TX 79998 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Credit Card	
4.4	American Express	Last 4 digits of account number	\$884.00
	Nonpriority Creditor's Name PO Box 981535	When was the debt incurred? 2018	
	El Paso, TX 79998 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	no of the date year me, the stain is. One of an tract appropria	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other, Specify Credit Card	

Debt	or 1 Kimberley Herbert		Case number (if known)	
4.5	Barclays Bank Delaware	Last 4 digits of account number	8395	\$3,960.00
	Nonpriority Creditor's Name PO Box 8803	When was the debt incurred?	2017	
	Wilmington, DE 19899 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	1	
4.6	BJC Health Care	Last 4 digits of account number	6387	\$179.00
	Nonpriority Creditor's Name P.O. Box 953798 Scient Lovis MO 63105 8410	When was the debt incurred?	2018	
	Saint Louis, MO 63195-8410 Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.	•	,	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Medical		
4.7	Bryant State Bank	Last 4 digits of account number	6894	\$2,141.54
	Nonpriority Creditor's Name 500 E. 60th Street Sioux Falls, SD 57104	When was the debt incurred?	2141	
4.6	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	3	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□ Yes	Other Specify Credit Card	1	

Debto	or 1 Kimberley Herbert	Case number (if kno	own)
4.8	California Franchise Tax Board	Last 4 digits of account number 0096	\$5,484.05
	Nonpriority Creditor's Name PO Box 942687 Sacramento, CA 94267	When was the debt incurred? 2012,2013,201	4,2016
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that app	ly
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or or report as priority claims	divorce that you did not
	■ No	Debts to pension or profit-sharing plans, and other sir	nilar debts
	Yes	Other. Specify Taxes	
4.9	Capital One	Last 4 digits of account number 0380	\$2,010.00
	Nonpriority Creditor's Name Attn: General Correspondence PO Box 30285	When was the debt incurred?	
	Salt Lake City, UT 84130 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that app	ly
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or or report as priority claims	divorce that you did not
	No	lacksquare Debts to pension or profit-sharing plans, and other sir	nilar debts
	Yes	Other. Specify Credit Card	
4.1	Capital One	Last 4 digits of account number 3823	\$2,671.03
	Nonpriority Creditor's Name Attn: General Correspondence	When was the debt incurred? 2018	
	PO Box 30285 Salt Lake City, UT 84130 Number Street City State Zip Code	As of the date you file, the claim is: Check all that app	ly
	Who incurred the debt? Check one.	_	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or of	divorce that you did not
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other sir	niiar debts
	Yes	■ Other. Specify Credit Card	

Debtor	1 Kimberley Herbert	Py 24 01 74	Case number (if known)	
4.1	Capital One	Last 4 digits of account number	3334	\$2,000.00
1	Nonpriority Creditor's Name Attn: General Correspondence PO Box 30281 Salt Lake City, UT 84130	When was the debt incurred?	2018	42 ,000.00
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another☐ Check if this claim is for a community	Type of NONPRIORITY unsecure ☐ Student loans	d claim:	
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	■ Other. Specify Credit card		
		· · ·		
4.1 2	Citi Nonpriority Creditor's Name	Last 4 digits of account number	8484	\$4,237.93
	PO Box 6077 Sioux Falls, SD 57117	When was the debt incurred?	2018	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Credit Care	<u> </u>	
4.1	Citicards CBNA	Last 4 digits of account number	6420	\$4,323.00
<u> </u>	Nonpriority Creditor's Name PO Box 6241	When was the debt incurred?	2017	
	Sioux Falls, SD 57117	_		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	Disputed	d alaim.	
	At least one of the debtors and another	Type of NONPRIORITY unsecure ☐ Student loans	u Ciaiiii.	
	☐ Check if this claim is for a community debt	_	protion agreement or diverse that we did and	
	Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	

☐ Yes

■ Other. Specify Credit Card

tor 1	Kimberley Herbert	Case number (if known)	
	Credit One	Last 4 digits of account number 6586	\$2,022.24
	Nonpriority Creditor's Name PO Box 98878	When was the debt incurred? 2018	
	Las Vegas, NV 89193		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
_	At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans	
	☐ Check if this claim is for a community		
	s the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	, ■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other Specify	
	Our dit Our Paul	0402	#0.000.00
	Credit One Bank Nonpriority Creditor's Name	Last 4 digits of account number 9193	\$2,022.00
	P.O. Box 98872	When was the debt incurred? 2013	
	Las Vegas, NV 89193		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	_	
	Debtor 1 only	Contingent	
	Debtor 2 only	Unliquidated	
[Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	lebt s the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	⊒ Yes		
_	→ Yes	■ Other. Specify Credit Card	
ı	Discover	Last 4 digits of account number 6910	\$2,000.00
	Nonpriority Creditor's Name	When we the debt in some 10 0040	
	PO Biox 15316 Wilmington, DE 19850	When was the debt incurred? 2018	
<u> </u>	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
ı	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
c	lebt s the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
_	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
L	Yes	■ Other. Specify Credit Card	

		0040	A-
Discover Financial Service	Last 4 digits of account number	3310	\$5,184.00
Nonpriority Creditor's Name PO Box 15316 Wilmington, DE 19850	When was the debt incurred?	2017	
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and ar	other Type of NONPRIORITY unsecure	ed claim:	
☐ Check if this claim is for a com	munity Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a sep report as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-shari	ng plans, and other similar debts	
Yes	Other. Specify Credit Car	d	
Dr. Greg Berg	Last 4 digits of account number	6888	\$2,016.00
Nonpriority Creditor's Name			-
1235A Queens Court	When was the debt incurred?	2018	
Saint Peters, MO 63376 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one	,	,	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	Disputed		
☐ At least one of the debtors and ar	T (NONDRIGHTY	ed claim:	
☐ Check if this claim is for a com	По		
debt	<u> </u>	aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
■ No	☐ Debts to pension or profit-shari	ng plans, and other similar debts	
Yes	■ Other. Specify <i>Medical</i>		
Dr. Mark Tullman	Last 4 digits of account number	6387	\$114.38
Nonpriority Creditor's Name			•
3009 N Ballas Road Saint Louis, MO 63131	When was the debt incurred?	2018	
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one	_		
Debtor 1 only	Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and ar	_	d claim:	
☐ Check if this claim is for a com			
debt	Obligations arising out of a sep	aration agreement or divorce that you did not	

■ No

☐ Yes

■ Other. Specify *Medical*

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

First BankCard	Last 4 digits of account number 5662	\$3,1
Nonpriority Creditor's Name	Last 4 digits of account number 5002	φυ, ι
PO Box 3331	When was the debt incurred? 2018	
Omaha, NE 68103		
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only		
Debtor 1 and Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured claim:	
_	☐ Student loans	
☐ Check if this claim is for a community debt	Dbligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify Credit Card	
First National Credit	Last 4 digits of account number 0502	\$8
Nonpriority Creditor's Name	Last 4 digits of account number	ΨΟ
500 E 60th Street North	When was the debt incurred? 2013	
Sioux Falls, SD 57104 Number Street City State Zip Code	As of the date you file the claim is Check all that apply	
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify	
First Savings Credit Card	Last 4 digits of account number 9003	\$8
Nonpriority Creditor's Name		
500 E. 60th St.	When was the debt incurred? 2013	
Sioux Falls, SD 57104 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	• • • • • • • • • • • • • • • • • • • •	
Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
□ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	\square Obligations arising out of a separation agreement or divorce that you did not	
s the claim subject to offset?	report as priority claims	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify Credit Card	

Debtor	1 Kimberley Herbert	Case number (if known)	
4.2	FNB Omaha	Last 4 digits of account number 2103	\$3,277.00
	Nonpriority Creditor's Name PO Box 3412	When was the debt incurred? 2017	
	Omaha, NE 68197 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Contingent	
	Debtor 1 and Debtor 2 only	☐ Unliquidated ☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Credit Card	
4.2	FSB Blaze Nonpriority Creditor's Name	Last 4 digits of account number	\$848.03
	500 E 60th Street Sioux Falls, SD 57104	When was the debt incurred? 2014	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	\square Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Credit Card	
4.2	Internal Revenue Service	Last 4 digits of account number	\$3,084.84
	Nonpriority Creditor's Name Centralized Insolvency Operation P.O. Box 7346 Philodolphia PA 10101 7346	When was the debt incurred? 2016	
	Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other Specify Taxes	

Kimberley Herbert	Case number (if known)	
JP Morgan Chase	Last 4 digits of account number 6080	\$8,6
Nonpriority Creditor's Name		
PO Box 469030	When was the debt incurred? 2018	
Denver, CO 80246-9030 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	□ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Credit Card	
JPMCB Card Services	Last 4 digits of account number 5479	\$8,6
Nonpriority Creditor's Name		7-,-
PO Box 15369	When was the debt incurred? 2017	
Wilmington, DE 19850 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	Пол	
Debtor 2 only	☐ Contingent	
Debtor 1 and Debtor 2 only	☐ Unliquidated	
_	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans	
☐ Check if this claim is for a community debt		
Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
□ Yes		
La res	■ Other. Specify Credit Card	
JPMCB Card Services	Last 4 digits of account number 1356	\$7,9
Nonpriority Creditor's Name PO Box 15369	When was the debt incurred? 2013	
Wilmington, DE 19850	When was the debt incurred? 2013	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify Credit Card	

Kimberley Herbert	Case number (if known)	
Marriott Bonvoy	Last 4 digits of account number 6080	\$8,443.00
Nonpriority Creditor's Name PO Box 151233	When was the debt incurred? 2018	
Wilmington, DE 19850 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	As of the date you me, the claim is. Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	\square Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Credit Card	_
Medical Diagnostic Imaging	Last 4 digits of account number 6754	\$192.00
Nonpriority Creditor's Name	Last 4 digits of account flumber	
226 S. Woods Mill Road	When was the debt incurred? 2018	_
Saint Louis, MO 63141 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	As of the date you me, the dain is. Oneok an that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	\square Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify <i>Medical</i>	_
Medical Diagnostic Imaging	Last 4 digits of account number 6755	\$282.00
Nonpriority Creditor's Name	Last 4 digits of account number	ΨΕΟΣ:00
226 S. Woods Mill Road	When was the debt incurred? 2018	_
Saint Louis, MO 63141 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	As of the date you me, the claim is. Oneon all that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	\square Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify Medical	

r 1 Kimberley Herbert	Case number (if known)	
Mercury Card	Last 4 digits of account number 0004	\$2,451.00
Nonpriority Creditor's Name 1415 Warm Springs Rd.	When was the debt incurred? 2005	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Columbus, GA 31904 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Credit Card	
Merrick Bank	Last 4 digits of account number 7093	\$1,255.00
Nonpriority Creditor's Name		<u> </u>
PO Box 9201	When was the debt incurred? 2013	
Old Bethpage, NY 11804 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	• ,	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Credit Card	
Merrick Bank	Last 4 digits of account number 1063	\$1,255.36
Nonpriority Creditor's Name		<u> </u>
PO Box 660702	When was the debt incurred? 2018	
Dallas, TX 75266 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
■ Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
No	Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify Credit Card	

Kimberley Herbert	Case number (if known)	
Show Mastercard	Last 4 digits of account number 2294	\$2,414.5
Nonpriority Creditor's Name PO Box 5161	When was the debt incurred? 2018	
Sioux Falls, SD 57117 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	As of the date you me, the claim is. Oneck all that apply	
■ Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Credit Card	
St. Luke's Hospital	Last 4 digits of account number 0244	\$373.0
Nonpriority Creditor's Name 232 S. Woods Mill Road	When was the debt incurred? 2018	
Chesterfield, MO 63017 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	\square Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Medical Services	
Synchrony Bank	Last 4 digits of account number 9192	\$6,671.1
Nonpriority Creditor's Name		
PO Box 5138 Lutherville Timonium, MD 21094	When was the debt incurred? 2018	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	Student loans	
debt	Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset? ■ No	report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Credit Card	

	Case 19-44960 Doc 1		08/08/19 16:19:33 Mai	in Document
Debtor	1 Kimberley Herbert	Pg 33 of 74	Case number (if known)	
4.3	Tef Bank	Last 4 digits of account number	5662	\$2,000.00
	Nonpriority Creditor's Name 200 Lake Street East	When was the debt incurred?	2018	
=	Wayzata, MN 55391 Number Street City State Zip Code	As of the date you file the eleimon	in Observation all the state of the	
	Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecur	ed claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	☐ Obligations arising out of a sep	paration agreement or divorce that you did	not
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-shar	ing plans, and other similar debts	
	Yes	Other. Specify Credit Cal	rd	
Part 3:	List Others to Be Notified About a D	ebt That You Already Listed		
is tryin have n	is page only if you have others to be notified ng to collect from you for a debt you owe to s nore than one creditor for any of the debts th d for any debts in Parts 1 or 2, do not fill out	someone else, list the original creditor nat you listed in Parts 1 or 2, list the add	in Parts 1 or 2, then list the collection ag	gency here. Similarly, if you
	nd Address	On which entry in Part 1 or Part 2 did yo		
	ınt Resolution Corp. oddard Avenue		Part 1: Creditors with Priority Unsecured	
	erfield, MO 63005	l	Part 2: Creditors with Nonpriority Unsec	ured Claims
		Last 4 digits of account number		
Name an	nd Address	On which entry in Part 1 or Part 2 did yo	ou list the original creditor?	
	n Financial, LP	Line 4.5 of (Check one):	Part 1: Creditors with Priority Unsecured	d Claims
	ox 722929	I	Part 2: Creditors with Nonpriority Unsec	ured Claims
поизи	on, TX 77272	Last 4 digits of account number		
Name an	nd Address	On which entry in Part 1 or Part 2 did yo	uu liet the original creditor?	
	n Financial, LP		☐ Part 1: Creditors with Priority Unsecured	d Claims
	ox 722929		Part 2: Creditors with Nonpriority Unsec	ured Claims
Houst	on, TX 77272	Last 4 digits of account number	, ,	
Name an	nd Address	On which entry in Part 1 or Part 2 did yo	ou list the original creditor?	
	ımer Collection Management		☐ Part 1: Creditors with Priority Unsecured	d Claims
	80x 1839	1	Part 2: Creditors with Nonpriority Unsec	ured Claims
waryia	and Heights, MO 63043	Last 4 digits of account number		
N	- d A dd	On which code in Dark 4 to Dark 9 did to	liet the entiries I are ditario	
	nd Address & <i>Stacy P.A.</i>	On which entry in Part 1 or Part 2 did you Line 4.17 of (Check one):	ou list the original creditor? Part 1: Creditors with Priority Unsecured	d Claims
PO Bo	ox 271	` ′	Part 2: Creditors with Nonpriority Unsec	
Bento	nville, AR 72712		— . a.t 2. Ordanois with Homphomy Offsec	area cianno
		Last 4 digits of account number		
	nd Address n Marie Heiliger	On which entry in Part 1 or Part 2 did you Line 4.23 of (Check one):	ou list the original creditor? \square Part 1: Creditors with Priority Unsecured	d Claims

Name and Address LTD Fiancial Services 3200 Wilcrest Suite 600 Houston, TX 77042 On which entry in Part 1 or Part 2 did you list the original creditor?

Line <u>4.22</u> of (Check one):

Last 4 digits of account number

☐ Part 1: Creditors with Priority Unsecured Claims

■ Part 2: Creditors with Nonpriority Unsecured Claims

■ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

14211 Abor St.

Omaha, NE 68144

Suite 100

Debtor 1 Kimberley Herbert		Case number (if known)			
Name and Address	On which entry in Part 1 or Part	On which entry in Part 1 or Part 2 did you list the original creditor?			
Portfolio Recovery Assoc	Line <u>4.10</u> of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims			
PO Box 12914 Norfolk, VA 23541		■ Part 2: Creditors with Nonpriority Unsecured Claims			
NOTION, VA 23341	Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part	On which entry in Part 1 or Part 2 did you list the original creditor?			
Sequium Asset	Line <u>4.7</u> of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims			
1130 North Chase Parkway Suite 150 Marietta, GA 30067		Part 2: Creditors with Nonpriority Unsecured Claims			
marietta, GA 30007	Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part	2 did you list the original creditor?			
Simm Associates	Line 4.37 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims			
800 Pencader Drive Newark, DE 19702		Part 2: Creditors with Nonpriority Unsecured Claims			
, <u> </u>	Last 4 digits of account number				

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
Total	6f.	Student loans	6f.	\$ 0.00
claims	0-	Obligations arising out of a supporting assessment and discuss that		
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 120,411.57
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 120,411.57

Fill in this infor	mation to identify your	case:			
Debtor 1	Kimberley Herbert				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT C	F MISSOURI		
Case number (if known)					☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	r company witl Name, Numbe	n whom you have the er, Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.3					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.4					
	Name				
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.5	-				
	Name				
	Number	Street			_
	City		State	ZIP Code	_

			Pa 36 of 74		
Fill in tl	his information to identify you				
Debtor	1 Kimberley Herb	ert			
	First Name	Middle Name	Last Name		
Debtor : (Spouse if		Middle Name	Last Name		
	-				
United	States Bankruptcy Court for the:	EASTERN DISTRICT O	PF MISSOURI		
Case no	umber				
(if known)					Check if this is an
					amended filing
Offici	ial Form 106H				
	edule H: Your Co	dehtors			12/15
50110	daic II. Tour oo	<u> </u>			12/13
eople a ill it out our na	t, and number the entries in the me and case number (if know	qually responsible for suppose boxes on the left. Attachn). Answer every question	olying correct information the Additional Page to	n. If more space is need this page. On the top of	ded, copy the Additional Page,
1. [Oo you have any codebtors? (f you are filing a joint case,	do not list either spouse a	s a codebtor.	
□ 1	No				
	⁄es				
2 1/	Vithin the last 8 years, have ye	ou lived in a community pr	anarty stata ar tarritary	2 (Community proporty st	atos and tarritarias includa
	zona, California, Idaho, Louisian				ates and territories include
_				,	
_	No. Go to line 3.				
ЦΥ	Yes. Did your spouse, former sp	ouse, or legal equivalent live	e with you at the time?		
in I For	ine 2 again as a codebtor only	/ if that person is a guaran	tor or cosigner. Make su	ire you have listed the o	ith you. List the person shown creditor on Schedule D (Official nedule E/F, or Schedule G to fil
	Column 1: Your codebtor			Column 2: The credit	or to whom you owe the debt
	Name, Number, Street, City, State and	ZIP Code		Check all schedules the	
3.1	Robin Flores			☐ Schedule D, line	
	153 Amiot Court			■ Schedule E/F, lin	
	Saint Louis, MO 63146			☐ Schedule G	_
				FNB Omaha	
2.0	Dobin Flores			Пот т в п	
3.2	Robin Flores 153 Amiot Court			☐ Schedule D, line	
	Saint Louis, MO 63146			■ Schedule E/F, lin	e <u>4.27</u>
				☐ Schedule G	 ices
3.3	Robin Flores			☐ Schedule D, line	
	153 Amiot Court			☐ Schedule E/F, lin	
	Saint Louis, MO 63146			☐ Schedule G	_
				CarMax Finance	

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Debtor 1	Kimberley Herbert	Case number (if known)				
	Additional Page to List More Codebtors					
	Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt Check all schedules that apply:				
3.4	Robin Flores 153 Amiot Court Saint Louis, MO 63146	■ Schedule D, line2.2 Schedule E/F, line Schedule G CarMax Finance				

Schedule H: Your Codebtors

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ام	otor 1 Kin	nberley He	orbort				
Jei	NOI 1	препеу пе	erbert				
	otor 2 ouse, if filing)						
lni	ted States Bankruptcy Co	ourt for the:	EASTERN DISTRICT	OF MISSOURI			
as	se number				CI	heck if this is:	
	nown)			-		An amended filing	
						A supplement showing postpetition	chapte
_						13 income as of the following date:	
<u>)</u>	fficial Form 10	<u>6l</u>				MM / DD/ YYYY	
30	chedule I: You	ur Inco	me				12
ta	use. If you are separate ch a separate sheet to t	ed and your this form. O ployment	spouse is not filing wi	ng jointly, and your spou ith you, do not include in	se is living w formation ab	rith you, include information about out your spouse. If more space is r e number (if known). Answer every	your neede
ta ta	use. If you are separate ch a separate sheet to t	ed and your this form. O ployment	are married and not filing wi	ng jointly, and your spou ith you, do not include in	se is living w formation ab	ith you, include information about out your spouse. If more space is r	your needed
ta ta	t1: Describe Employme information.	ed and your this form. O ployment ent one job,	are married and not filing wi spouse is not filing wi On the top of any additi	ng jointly, and your spou ith you, do not include in onal pages, write your na	se is living w formation ab	ith you, include information about out your spouse. If more space is r e number (if known). Answer every	your neede
ta ta	Fill in your employme information. If you have more than cattach a separate page information about addit	ed and your this form. O ployment ent one job,	are married and not filing wi	ng jointly, and your spou ith you, do not include in onal pages, write your na Debtor 1	se is living w formation ab	oith you, include information about out your spouse. If more space is re number (if known). Answer every Debtor 2 or non-filing spouse	your neede
po ta	Fill in your employme information. If you have more than cattach a separate page information about addit employers.	ed and your this form. O ployment ent one job, e with tional	are married and not filing wi spouse is not filing wi On the top of any additi	ng jointly, and your spou ith you, do not include in onal pages, write your na Debtor 1	se is living w formation ab	ith you, include information about out your spouse. If more space is re number (if known). Answer every Debtor 2 or non-filing spouse Employed	your neede
ta ta	Fill in your employme information. If you have more than a attach a separate page information about addit employers. Include part-time, seas self-employed work.	ed and your this form. O ployment ent one job, e with tional onal, or	are married and not filling with the top of any addition the top of any additional top of additional top of any additional top of additional top o	pebtor 1 Employed Not employed	se is living w formation ab ame and case	ith you, include information about out your spouse. If more space is re number (if known). Answer every Debtor 2 or non-filing spouse Employed	your neede
po tta	Fill in your employme information. If you have more than cattach a separate page information about addit employers. Include part-time, seas.	ed and your this form. O ployment ent one job, e with tional onal, or	are married and not filling with the top of any addition the top of any additional top of additional top of any additional top of addi	Debtor 1 Employed Nursing Director McKnight Place Ass	se is living w formation ab ame and case	ith you, include information about out your spouse. If more space is re number (if known). Answer every Debtor 2 or non-filing spouse Employed	your neede
po ta	Fill in your employme information. If you have more than cattach a separate page information about addit employers. Include part-time, sease self-employed work. Occupation may include	ed and your this form. O ployment ent one job, e with tional onal, or	ere married and not filling with the top of any addition the top of any additional top of additional top of any additional top of any additional top of additional t	Debtor 1 Employed Nursing Director McKnight Place Ass Living One McKnight Place Saint Louis, MO 631	se is living w formation ab ame and case	ith you, include information about out your spouse. If more space is re number (if known). Answer every Debtor 2 or non-filing spouse Employed	your neede
Par I.	Fill in your employme information. If you have more than cattach a separate page information about addit employers. Include part-time, sease self-employed work. Occupation may include	ed and your this form. O ployment ent one job, e with cional onal, or e student clies.	Employment status Occupation Employer's name Employer's address How long employed to	Debtor 1 Employed Nursing Director McKnight Place Ass Living One McKnight Place Saint Louis, MO 631	se is living w formation ab ame and case	ith you, include information about out your spouse. If more space is re number (if known). Answer every Debtor 2 or non-filing spouse Employed	your neede

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 8,333.35 \$ 0.00

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

Official Form 106I Schedule I: Your Income page 1

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Deb	tor 1	Kimberley Herbert		_		Case n	umber (<i>if ki</i>	nown)				
						For [Debtor 1			r Debtor n-filing s		
	Сор	y line 4 here		4.		\$	8,33	3.35	\$		0.00	•
5.	List	all payroll deductions:										
	5a.	Tax, Medicare, and Social Secur	ity deductions	58	а.	\$	2,56	1.89	\$		0.00	
	5b.	Mandatory contributions for retir	•	5k		\$		0.00	\$		0.00	-
	5c.	Voluntary contributions for retire	ement plans	50	Э.	\$	500	0.00	\$		0.00	
	5d.	Required repayments of retirement	ent fund loans	50	d.	\$		0.00	\$_		0.00	•
	5e.	Insurance		56		\$		4.99	\$_		0.00	
	5f.	Domestic support obligations		5f		\$		0.00	\$_		0.00	=
	5g. 5h.	Union dues Other deductions. Specify:		5g 5h	კ. Դ.+	\$ 		0.00	+ \$		0.00	-
6.		the payroll deductions. Add lines	5a+5b+5c+5d+5e+5f+5g+5b	— 6.		\$	3,61		\$		0.00	-
7.		culate total monthly take-home pay	ŭ	7.		\$ 	4,71		\$ \$		0.00	
				٠.		Ψ	4,710	0.47	Ψ_		0.00	-
8.	8a.	all other income regularly received Net income from rental property										
		profession, or farm										
		Attach a statement for each proper receipts, ordinary and necessary b										
		monthly net income.	usiness expenses, and the total	88	а.	\$		0.00	\$		0.00	
	8b.	Interest and dividends		8t		\$		0.00	\$		0.00	-
	8c.		ou, a non-filing spouse, or a dependent	t					_			•
		regularly receive	child support, maintenance, divorce									
		settlement, and property settlemen		80	Э.	\$		0.00	\$		0.00	
	8d.	Unemployment compensation		80		\$		0.00	\$		0.00	-
	8e.	Social Security		86	Э.	\$	14	4.00	\$		0.00	•
	8f.	Other government assistance th										
			alue (if known) of any non-cash assistance nps (benefits under the Supplemental	Э								
		Nutrition Assistance Program) or h										
		Specify:		8f		\$		0.00	\$_		0.00	-
	8g.	Pension or retirement income		86	g.	\$	(0.00	\$_		0.00	
	8h.	Other monthly income. Specify:	Non-Filing Co-Habitant Net Income	8ŀ	า.+	\$	3,51	5.78	+ \$		0.00	
	011.	Canor monany moomer epecary.	moome	_ "			-,-		· 🛡 –			¬
9.	Add	all other income. Add lines 8a+8b-	+8c+8d+8e+8f+8g+8h.	9.		\$	3,65	9.78	\$_		0.00	2
10	Calc	culate monthly income. Add line 7 -	Lline Q	10.	Ф	•	376.25	_ ¢		0.00	_ ¢	g 276 2F
10.		the entries in line 10 for Debtor 1 and		10.	\$ _	0	,370.23	+ Ψ.		0.00		8,376.25
11			the expenses that you list in Schedule	` '				' -				
			partner, members of your household, your		end	dents, y	our room	mate	s, and			
		r friends or relatives.								0 , , ,		
	Spe		ded in lines 2-10 or amounts that are not	avaıı	abi	е то ра	ay expens	ses iis	ea in	Scneaule 11.	∌ J. +\$	0.00
		-										
12.			ine 10 to the amount in line 11. The res							€.		
	appl		hedules and Statistical Summary of Certa	III LIE	aDIII	ities ar	ia Related	u Data	<i>a,</i> II IT	12.	\$	8,376.25
	~ ۲۲	- 									Combi	and a
											Combir	iea y income
13.	Do y	ou expect an increase or decrease	within the year after you file this form	1?								,
		No.										
		Yes. Explain:										

Official Form 106l Schedule I: Your Income page 2

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Fill	in this information to identify	your case:					
Deb	otor 1 Kimberley	Herbert			Ch	eck if this is: An amended filing	
Deb	otor 2					ū	wing postpetition chapter
!	ouse, if filing)					, ,	the following date:
Unit	ted States Bankruptcy Court for	he: EASTE	RN DISTRICT OF MISSOU	JRI		MM / DD / YYYY	
C	a numbar						
l	e number nown)						
Of	fficial Form 106	l					
Sc	chedule J: You	Exper	nses				12/15
Be a	as complete and accurate ormation. If more space is mber (if known). Answer e	as possible needed, atta	. If two married people ar ach another sheet to this				
	t 1: Describe Your Hou	sehold					
1.	Is this a joint case?						
	No. Go to line 2.						
	☐ Yes. Does Debtor 2 liv	e in a separ	ate household?				
	□ No						
	Yes. Debtor 2 m	nust file Offic	ial Form 106J-2, <i>Expenses</i>	for Separate House	ehold of De	ebtor 2.	
2.	Do you have dependents	? ■ No					
	Do not list Debtor 1 and Debtor 2.	☐ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state the						□ No
	dependents names.						☐ Yes
							□ No
							☐ Yes
							□ No
							☐ Yes
							□ No □ Yes
3.	Do your expenses include	e =	1				□ Yes
0.	expenses of people othe yourself and your dependent	r than dents?	l No l Yes				
	t 2: Estimate Your Ong						
exp	imate your expenses as of penses as of a date after the plicable date.						
the	lude expenses paid for wit value of such assistance ficial Form 106l.)					Your exp	penses
,							
4.	The rental or home owner payments and any rent for		nses for your residence. In or lot.	nclude first mortgage	e 4.	\$	2,043.00
	If not included in line 4:						
	4a. Real estate taxes				4a.	\$	0.00
	4b. Property, homeowne	er's, or rente	r's insurance		4b.	\$	0.00
	4c. Home maintenance,				4c.	· ·	0.00
_	4d. Homeowner's assoc				4d.		0.00
5.	Additional mortgage pay	ments for y	our residence, such as ho	me equity loans	5.	\$	0.00

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Debtor 1 Kimberley Herbert	Case num	ber (if known)	
6. Utilities:			
6a. Electricity, heat, natural gas	6a.	\$	0.00
6b. Water, sewer, garbage collection	6b.	·	0.00
6c. Telephone, cell phone, Internet, satellite, and ca		·	0.00
6d. Other. Specify:	6d.	\$	0.00
Food and housekeeping supplies	7.	\$	0.00
Childcare and children's education costs	8.	\$	0.00
Clothing, laundry, and dry cleaning	9.	· 	50.00
D. Personal care products and services	10.	·	
Medical and dental expenses		·	60.00
•	11.	\$5	00.00
Transportation. Include gas, maintenance, bus or train Do not include car payments.	n lare. 12.	\$ 3	50.00
B. Entertainment, clubs, recreation, newspapers, mag		·	85.00
4. Charitable contributions and religious donations	14.		00.00
5. Insurance.	14.	Ψ <u> </u>	00.00
Do not include insurance deducted from your pay or in	cluded in lines 4 or 20.		
15a. Life insurance	15a.	\$	0.00
15b. Health insurance	15b.	· -	0.00
15c. Vehicle insurance	15c.	·	43.00
15d. Other insurance. Specify:	15d.	· -	0.00
Taxes. Do not include taxes deducted from your pay of the first factors and the first factors are a factors and the factors are a factors and the factors are a factor from your pay of the factors are a factor from your pay of the factors are a factor from your pay of the factor fr		*	0.00
Specify: Personal Property Taxes	1 included in lines 4 or 20.	\$	50.00
 Installment or lease payments: 17a. Car payments for Vehicle 1 	17a.	\$	0.00
17b. Car payments for Vehicle 2	17a. 17b.	·	0.00
	17b. 17c.	· 	
17c. Other Specify:		·	0.00
17d. Other. Specify:	17d.	—	0.00
 Your payments of alimony, maintenance, and supp deducted from your pay on line 5, Schedule I, Your 		\$	0.00
Other payments you make to support others who	moome (Omolai i Omi 1001).	\$	0.00
Specify:	19.		0.00
Other real property expenses not included in lines		our Income.	
20a. Mortgages on other property	20a.		0.00
20b. Real estate taxes	20b.	\$	0.00
20c. Property, homeowner's, or renter's insurance	20c.	·	0.00
20d. Maintenance, repair, and upkeep expenses	20d.	·	0.00
20e. Homeowner's association or condominium dues		· 	0.00
		·*.	00.00
	i, nome assistant	- iψ	00.00
2. Calculate your monthly expenses 22a. Add lines 4 through 21.		\$ 3.981	
<u> </u>	ony from Official Form 406 L 2	-,	
22b. Copy line 22 (monthly expenses for Debtor 2), if a	•	\$ 3,493	
22c. Add line 22a and 22b. The result is your monthly	expenses.	\$	1.00
3. Calculate your monthly net income.			
23a. Copy line 12 (your combined monthly income) fr		·	76.25
23b. Copy your monthly expenses from line 22c above	re. 23b.	-\$ 7,4	74.00
23c. Subtract your monthly expenses from your monthly result is your monthly net income.	hly income. 23c.	\$ 9	02.25
 23c. Subtract your monthly expenses from your month The result is your monthly net income. 24. Do you expect an increase or decrease in your experior example, do you expect to finish paying for your car loan a modification to the terms of your mortgage? No. 	thly income. 23c.	\$ 9	02.25
☐ Yes. Explain here:			

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Deb	tor 1	Kimberley Herbert			Case	e num	nber (if known)	
Fill i	n this	information to identify yo	ur case:					
Debt	or 1	Kimberley He	erbert				t if this is:	
Debt	or 2					-	An amended filing	postpetition chapter 13
	use, if	filing)					expenses as of the fol	
Unite	ed State	es Bankruptcy Court for the	EASTE	ERN DISTRICT OF MISSO	URI		MM / DD / YYYY	
	numb							
	iown)							
						/	Non-Filing Boyfrie	nd Expenses
Of	ficia	al Form 106J-2	2					
				enses for Sep	arate Househ	مار	of Debtor	2 12/15
Use Deb forn spac Ans	this f tor 2 n only ce is i wer e	form for Debtor 2's sep have one or more depe with respect to expen needed, attach another every question.	arate hou endents in ses for D sheet to	isehold expenses ONLY In common, list the depen ebtor 2 that are not repor this form. On the top of a	F Debtor 1 and Debtor 2 dents on both Schedule ted on Schedule J. Be	2 ma e <i>J a</i> as c	intain separate hou nd this form. Answ omplete and accura	seholds. If Debtor 1 and ver the questions on this te as possible. If more
Part	1:	Describe Your House	noia					
1.	Do y □ □	ou and Debtor 1 mainta No. Do not complete to Yes	ain separ this form.	ate households?				
2.	Do y	ou have dependents?	■ No					
	list al depe regar listed of De	ot list Debtor 1 but Il other Indents of Debtor 2 Irdless of whether It as a dependent It both 1 on Irdless J.	☐ Yes.	Fill out this information for each dependent	Dependent's relationsh Debtor 2	ip to	Dependent's age	Does dependent live with you?
		ot state the endents names.						□ No □ Yes
								□ No □ Yes
	•				-			□ No □ Yes
								□ No □ Yes
3.	expe	our expenses include enses of people other the self and your depende	nan _—	l No l Yes				
	mate	Estimate Your Ongoing your expenses as of your as of a date after the base of a date after the b	our bankr	uptcy filing date unless y	ou are using this form	as a	supplement in a Ch	apter 13 case to report
				government assistance i on Schedule I: Your Incom			Your expenses	
4.		rental or home owners nents and any rent for the		nses for your residence. I or lot.	nclude first mortgage	4.	\$	0.00
	If no	t included in line 4:						
	4a.	Real estate taxes				4a.	\$	0.00
	4b.	Property, homeowner's	s, or rente	r's insurance		4b.	·	100.00

Official Form 106J Schedule J: Your Expenses page 3

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	T 1 Kimberley Herbert			
	c. Home maintenance, repair, and upkeep expenses	4c.	•	375.00
	d. Homeowner's association or condominium dues		\$	0.00
	Additional mortgage payments for your residence, such as home equity loans	5.	\$	0.00
	Jtilities:			
	Sa. Electricity, heat, natural gas	6a.	\$	275.00
	Sb. Water, sewer, garbage collection	6b.	\$	90.00
	Sc. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	295.00
	6d. Other. Specify:	6d.	\$	0.00
	Food and housekeeping supplies		\$	475.00
	Childcare and children's education costs	8.	\$	0.00
	Clothing, laundry, and dry cleaning	9.	\$	75.00
	Personal care products and services	10.	\$	75.00
	Medical and dental expenses	11.	\$	100.00
	Fransportation. Include gas, maintenance, bus or train fare.	12.	\$	350.00
	Oo not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books	13.		75.00
	Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations	13. 14.	·	
	nsurance.	14.	Ψ	20.00
	Do not include insurance deducted from your pay or included in lines 4 or 20.			
	5a. Life insurance	15a.	\$	0.00
	5b. Health insurance	15b.	·	250.00
	5c. Vehicle insurance	15c.	· -	243.00
	5d. Other insurance. Specify:	15d.	*	0.00
	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Personal Property Taxes	16.	· ——	50.00
	nstallment or lease payments:		-	
	7a. Car payments for Vehicle 1	17a.	\$	0.00
	7b. Car payments for Vehicle 2	17b.	\$	0.00
	7c. Other. Specify:	17c.	\$	0.00
	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
	Other payments you make to support others who do not live with you.		\$	0.00
	Specify:	19.		
	Other real property expenses not included in lines 4 or 5 of this form or on Sche			
	20a. Mortgages on other property	20a.		0.00
	20b. Real estate taxes	20b.		0.00
	20c. Property, homeowner's, or renter's insurance	20c.		0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e. Homeowner's association or condominium dues	20e.	\$	0.00
	Other: Specify: Ch.13 Payment	21.	+\$	645.00
	Your monthly expenses. Add lines 5 through 21. The result is the monthly expenses of Debtor 2. Copy the result to line 22b of Schedul calculate the total expenses for Debtor 1 and Debtor 2.	le J to	\$	3,493.00
	Line not used on this form.			
1.	Do you expect an increase or decrease in your expenses within the year after yo for example, do you expect to finish paying for your car loan within the year or do you expect your			ease or decrease because
				ease or decrease beca

NIA

— NO.	
☐ Yes.	Explain here:

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Fill in th	is information to identify	our case:			
Debtor 1	Kimberley He	erbert			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, f	filing) First Name	Middle Name	Last Name		
United S	States Bankruptcy Court for t	the: EASTERN DISTRICT	OF MISSOURI		
Case nui	ımher				
(if known)					Check if this is an
					amended filing
Officia	l Form 106Dec				
Decl	aration Abou	t an Individua	l Debtor's Sc	hedules	12/15
<u> </u>	aration Abou	t all illaiviada	i Destei e ee	ilodaico	12/13
If two ma	arried neonle are filing tog	ether, both are equally resp	onsible for supplying corr	act information	
ii two iiia	arrica people are ming tog	ciner, both are equally resp.	onside for supplying con-	ou information.	
		ou file bankruptcy schedule			
		aud in connection with a bar	nkruptcy case can result ir	fines up to \$250,000, or im	prisonment for up to 20
years, or	both. 18 U.S.C. §§ 152, 13	41, 1519, and 3571.			
	Sign Below				
	oigh below				
Did	l vou nav or agree to nav s	someone who is NOT an atto	ernov to hole you fill out be	ankruptov forme?	
Dia	i you pay or agree to pay s	onleone who is NOT an allo	orney to neip you iiii out be	inkrupicy forms :	
_	No				
_	Van Name of name			Attack Danismaters	Datition Duomonovio Matica
	Yes. Name of person _				Petition Preparer's Notice, gnature (Official Form 119)
				Declaration, and olg	gratare (emolai i emi i i e)
	ler penalty of perjury, I ded they are true and correct.	clare that I have read the sur	nmary and schedules filed	with this declaration and	
.,			.,		
	/s/ Kimberley Herbert		X Signature of [Johton O	
	Kimberley Herbert Signature of Debtor 1		Signature of L	Jediol 2	
	Signature of Debtor 1				
	Date August 8, 2019		Date		

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Fill	in this info	ormation to identify you	r case:					
Del	otor 1	Kimberley Herb	ert					
		First Name	Middle Name		Last Name			
	otor 2 ouse if, filing)	First Name	Middle Name		Last Name			
Uni	ted States	Bankruptcy Court for the:	EASTERN DISTRICT OF	F MISSO	URI			
	se number nown)						-	heck if this is an mended filing
Sta Be a info	atemer	e and accurate as poss	Affairs for Individual liberal	are filing	g together, both are	equally respons	ible for sup	
Par	t 1: Giv	e Details About Your Ma	arital Status and Where Yo	u Lived	Before			
1.	What is ye	our current marital state	ıs?					
	☐ Marri	ed						
	_	narried						
2.	During the	e last 3 years, have you	lived anywhere other than	where y	ou live now?			
	- N-							
	■ No ☐ Yes.	List all of the places you	lived in the last 3 years. Do n	ot includ	e where you live now			
	Debtor 1	Prior Address:	Dates Debtor 1 lived there		Debtor 2 Prior Ad	dress:		Dates Debtor 2 lived there
3. state			ver live with a spouse or le lifornia, Idaho, Louisiana, Ne					
	■ No □ Yes.	Make sure you fill out <i>Sc</i>	hedule H: Your Codebtors (C	Official Fo	orm 106H).			
Par	t 2 Exp	lain the Sources of You	ır Income					
4.	Fill in the t	otal amount of income yo	nployment or from operation received from all jobs and have income that you receive	all busin	esses, including part-	time activities.	evious caler	ndar years?
	■ No □ Yes.	Fill in the details.						
			Debtor 1			Debtor 2		
			Sources of income Check all that apply.	(befo	is income are deductions and asions)	Sources of inc		Gross income (before deductions and exclusions)

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De	ebtor 1 K	mberley H	erbert		-y 40 01	Ca	se number (if known)		
5.	Include in and other	come regard public benef	lless of wheth it payments;	e during this year or the tw ner that income is taxable. E pensions; rental income; int se and you have income tha	xamples of c erest; divide	other income are nds; money colle	alimony; child supp ected from lawsuits;	royalties; and	ecurity, unemployment, d gambling and lottery
	List each	source and t	he gross inco	ome from each source separ	rately. Do no	t include income	that you listed in lir	ne 4.	
	■ No								
	_	Fill in the de	etails.						
				Debtor 1			Debtor 2		
				Sources of income Describe below.	each so	deductions and	Sources of inc Describe below		Gross income (before deductions and exclusions)
Pa	rt 3: Lis	t Certain Pa	yments You	Made Before You Filed fo	r Bankrupto	;y			
6.	□ No.	Neither De individual puring the No. Yes * Subject to Debtor 1 co	90 days before Go to line 7 List below a paid that or not include to adjustmen or Debtor 2 of Go to line 7 List below a for Debtor 2 of Go to line 7 List below a include pay	each creditor to whom you p editor. Do not include paym- payments to an attorney for t on 4/01/22 and every 3 year or both have primarily consone you filed for bankruptcy,	sumer debts add you pay a aid a total of ents for dom this bankrup ars after that sumer debts did you pay a aid a total of	any creditor a tot \$6,825* or more estic support oblotcy case. for cases filed o any creditor a tot \$600 or more at	tal of \$6,825* or mo e in one or more pay igations, such as ch n or after the date of tal of \$600 or more?	re? yments and th nild support ar of adjustment.	ne total amount you nd alimony. Also, do creditor. Do not
	Creditor	's Name and	d Address	Dates of paym	nent	Total amount paid	Amount you still owe	Was this p	ayment for
7.	Insider's ir of which y a busines alimony. No Yes. Insider's	clude your rou are an offs you operated the state of the	elatives; any ficer, director e as a sole p nents to an in Address	Dates of paym	of any generar of 20% or n nclude paym	on a debt you all partners; partners of their votinents for domestinents f	owed anyone who perships of which you ng securities; and an c support obligation Amount you still owe	u are a gener ny managing s, such as ch Reason fo	ral partner; corporations agent, including one for ild support and r this payment
8.	insider?		•	bankruptcy, did you make teed or cosigned by an insid	, ,	ents or transfer	any property on a	ecount of a c	debt that benefited an

Total amount

paid

Amount you

still owe

Dates of payment

☐ Yes. List all payments to an insider Insider's Name and Address

Reason for this payment

Include creditor's name

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Debtor 1 Kimberley Herbert Pg 47 of 74 Case number (if known)

Pa	rt 4: Identify Legal Actions, Repossession	ns, and Foreclosures					
9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.							
	□ No						
	Yes. Fill in the details.						
	Case title	Nature of the case	Court or agency	Status of the	20.0350		
	Case number	Nature of the case	Court of agency	Status Of th	ie case		
	FNB Omaha vs. Kimberley Herbert 19SL-AC22103		St. Louis County Circuit Court 7900 Carondelet Saint Louis, MO 63104	Pending On appe	eal		
10.	Within 1 year before you filed for bankrupte. Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below.		erty repossessed, foreclosed,	garnished, attache	d, seized, or levied?		
	Creditor Name and Address	Describe the Property		Date	Value of the		
				property			
		Explain what happened					
	Within 90 days before you filed for bankrup accounts or refuse to make a payment bec No Yes. Fill in the details.	ause you owed a debt?					
	Creditor Name and Address	Describe the action the	e creditor took	Date action was taken	Amount		
12.	Within 1 year before you filed for bankrupte court-appointed receiver, a custodian, or a ■ No □ Yes		erty in the possession of an a	ssignee for the ben	efit of creditors, a		
Pa	tt 5: List Certain Gifts and Contributions						
13.	Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift.	tcy, did you give any gifts	s with a total value of more th	an \$600 per person	?		
	Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift and	Describe the gifts		Dates you gave the gifts	Value		
	Address:						
14.	Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift or con		s or contributions with a total	value of more than	\$600 to any charity?		
	Gifts or contributions to charities that tot more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)		u contributed	Dates you contributed	Value		

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Debtor 1 Kimberley Herbert Pg 48 of 74 Case number (if known)

Par	t 6: List Certain Losses							
15.	Within 1 year before you filed for bankrup or gambling?	ptcy or	since you filed for bankruptcy, did you	u lose anyt	hing because of theft	, fire, other disaster,		
	■ No □ Yes. Fill in the details.							
	Describe the property you lost and how the loss occurred	Include	the amount that insurance has paid. List ce claims on line 33 of Schedule A/B: Pr	t pending	Date of your loss	Value of property lost		
Par	t 7: List Certain Payments or Transfers	i						
16.	Within 1 year before you filed for bankrup consulted about seeking bankruptcy or placed any attorneys, bankruptcy petition policy. No	reparin	g a bankruptcy petition?			ty to anyone you		
	Yes. Fill in the details. Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo	ou	Description and value of any proper transferred	ty	Date payment or transfer was made	Amount of payment		
	Adams Law Group Attorney Fees \$500.00 US Bank Building One Mid Rivers Mall Drive, Suite 200 St. Peters, MO 63376 contact @thinkadamslaw.com							
17.	Within 1 year before you filed for bankrup promised to help you deal with your cred Do not include any payment or transfer that	litors or	to make payments to your creditors?		r transfer any proper	ty to anyone who		
	■ No □ Yes. Fill in the details.							
	Person Who Was Paid Address		Description and value of any proper transferred	ty	Date payment or transfer was made	Amount of payment		
18.	Within 2 years before you filed for bankru transferred in the ordinary course of you include both outright transfers and transfers include gifts and transfers that you have alressed in No Yes. Fill in the details.	r busine made a	ess or financial affairs? as security (such as the granting of a sec					
	Person Who Received Transfer Address		Description and value of property transferred		any property or received or debts change	Date transfer was made		
	Person's relationship to you							
19.	Within 10 years before you filed for banks beneficiary? (These are often called asset- ■ No □ Yes. Fill in the details.			f-settled tru	ist or similar device o	of which you are a		
	Name of trust		Description and value of the propert	y transferr	ed	Date Transfer was made		

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Debtor 1 Kimberley Herbert

Case number (if known)

Pai	t 8: List of Certain Financial Accounts, Ins	struments, Safe Depos	it Boxes, and Sto	orage Units					
20.	Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, o	•							
	houses, pension funds, cooperatives, associ		•		aroo iii bariio, oroan c	e.ie, bi ekelage			
	Yes. Fill in the details.								
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account instrument	clo mo	e account was sed, sold, ved, or nsferred	Last balance before closing or transfer			
21.	Do you now have, or did you have within 1 y cash, or other valuables?	rear before you filed fo	or bankruptcy, an	ny safe deposit	box or other deposito	ory for securities,			
	No								
	Yes. Fill in the details.								
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had ac Address (Number, State and ZIP Code)		Describe the o	contents	Do you still have it?			
22.	Have you stored property in a storage unit o	or place other than you	r home within 1	year before yo	u filed for bankruptcy	?			
	■ No								
	Yes. Fill in the details.								
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or to it? Address (Number, State and ZIP Code)		Describe the o	contents	Do you still have it?			
Pai	t 9: Identify Property You Hold or Control	for Someone Else							
23.	Do you hold or control any property that sor for someone.	neone else owns? Inc	lude any propert	y you borrowe	d from, are storing fo	r, or hold in trust			
	_								
	No								
	Yes. Fill in the details.								
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the pro (Number, Street, City, Code)		Describe the p	property	Value			
Pai	t 10: Give Details About Environmental Info	ormation							
For	the purpose of Part 10, the following definition	ons apply:							
	Environmental law means any federal, state, toxic substances, wastes, or material into the regulations controlling the cleanup of these	ne air, land, soil, surfac	e water, ground						
	Site means any location, facility, or property to own, operate, or utilize it, including dispo	-	environmental la	aw, whether yo	ou now own, operate,	or utilize it or used			
	Hazardous material means anything an envi hazardous material, pollutant, contaminant,		as a hazardous	waste, hazard	ous substance, toxic s	substance,			
Rep	ort all notices, releases, and proceedings tha	at you know about, reg	ardless of when	they occurred					
24.	Has any governmental unit notified you that	you may be liable or p	ootentially liable	under or in vio	lation of an environm	ental law?			
	■ No								
	Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental un Address (Number, ZIP Code)	n it Street, City, State and		ental law, if you	Date of notice			

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Debtor 1 Kimberley Herbert

Case number (if known)

25.	Have you notified any governmental unit of any release of hazardous material?										
	No										
	Yes. Fill in the details.										
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice							
26.	Have you been a party in any judicial or admi	inistrative proceeding under any envir	onmental law? Include settlements a	ind orders.							
	■ No										
	Yes. Fill in the details.										
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case							
Par	11: Give Details About Your Business or C	onnections to Any Business									
27.	Within 4 years before you filed for bankruptc	y, did you own a business or have any	of the following connections to any	business?							
	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time										
	☐ A member of a limited liability compa —	ny (LLC) or limited liability partnership	(LLP)								
	☐ A partner in a partnership										
	☐ An officer, director, or managing exe	cutive of a corporation									
	☐ An owner of at least 5% of the voting or equity securities of a corporation										
	■ No. None of the above applies. Go to Part 12.										
	Yes. Check all that apply above and fill i	n the details below for each business.									
	Business Name Address	Describe the nature of the business	Employer Identification number Do not include Social Security number								
	(Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Dates business existed								
	Within 2 years before you filed for bankruptc institutions, creditors, or other parties.	y, did you give a financial statement to	anyone about your business? Inclu	de all financial							
	■ No □ Yes. Fill in the details below.										
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued									

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Debtor 1 Kimberley Herbert Pg 51 of 74 Case number (if known)

Part 1	2: Sign Below		
are tru with a	e and correct. I understand that mak	of Financial Affairs and any attachments, and I decing a false statement, concealing property, or obtain to \$250,000, or imprisonment for up to 20 years,	ining money or property by fraud in connection
/s/ K	imberley Herbert		
Kimk	perley Herbert	Signature of Debtor 2	
Signa	ture of Debtor 1		
Date	August 8, 2019	Date	
Did yo	u attach additional pages to Your Sta	atement of Financial Affairs for Individuals Filing fo	or Bankruptcy (Official Form 107)?
■ No			
☐ Yes	3		
Did yo	u pay or agree to pay someone who	is not an attorney to help you fill out bankruptcy fo	rms?
■ No			
☐ Yes	s. Name of Person Attach the B	ankruptcy Petition Preparer's Notice, Declaration, and	Signature (Official Form 119).

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Fill in this information to identify your case:						
Debtor 1	Kimberley Herbert					
Debtor 2 (Spouse, if filing)						
United States B	Bankruptcy Court for the: Eastern District of Missouri					
Case number (if known)						

Check as directed in lines 17 and 21:								
According to the calculations required by this Statement:								
1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).	er							
 2. Disposable income is determined under 1' U.S.C. § 1325(b)(3). 	1							
☐ 3. The commitment period is 3 years.								
4. The commitment period is 5 years.								
☐ Check if this is an amended filing								

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

P	art	1: Calculate Your Average Monthly Income	·						
	١.	What is your marital and filing status? Check one of	only.						
		Not married. Fill out Column A, lines 2-11.							
		☐ Married. Fill out both Columns A and B, lines 2-11							
	10 the	I in the average monthly income that you received from a 1(10A). For example, if you are filing on September 15, the 6-26 months, add the income for all 6 months and divide the totouses own the same rental property, put the income from that	month per al by 6. Fil	riod would I in the re	l be March 1 throu sult. Do not includ	igh August 3 le any incon	31. If the amone amount m	ount of your monthly income ore than once. For example	e varied during e, if both
						Column A Debtor 1	1	Column B Debtor 2 or non-filing spouse	
2		Your gross wages, salary, tips, bonuses, overtime payroll deductions).	, and co	mmissio	ons (before all	\$3	3,846.36	\$	
;		Alimony and maintenance payments. Do not includ Column B is filled in.	e payme	nts from	a spouse if	\$	0.00	\$	
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.					r contributions nts, parents,	\$2	2,998.13	\$	
		Net income from operating a business, profession, or farm	Debtor	1					
		Gross receipts (before all deductions)	\$	0.00					
		Ordinary and necessary operating expenses	- \$	0.00					
		Net monthly income from a business, profession, or fa	rm \$ _	0.00	Copy here ->	\$	0.00	\$	
6	6.	Net income from rental and other real property	Debtor	-					
		Gross receipts (before all deductions)	\$	0.00					
		Ordinary and necessary operating expenses	- \$	0.00					
		Net monthly income from rental or other real property	2	0.00	Copy here ->	\$	0.00	\$	

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Pg 53 of 74 Kimberley Herbert Debtor 1 Case number (if known) Column A Column B Debtor 1 Debtor 2 or non-filing spouse 0.00 7. Interest, dividends, and royalties 8. Unemployment compensation 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you_____ For your spouse 9. Pension or retirement income. Do not include any amount received that was a 0.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 0.00 Total amounts from separate pages, if any. \$ 11. Calculate your total average monthly income. Add lines 2 through 10 for 6.844.49 6,844.49 \$ each column. Then add the total for Column A to the total for Column B. Total average monthly income **Determine How to Measure Your Deductions from Income** Part 2: 12. Copy your total average monthly income from line 11. 6,844.49 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. $\hfill \Box$ You are married and your spouse is filing with you. Fill in 0 below. ☐ You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. Total 0.00 0.00 Copy here=>

14. Your current monthly income. Subtract line 13 from line 12.

15a. Copy line 14 here=>

6,844.49

6,844.49

Multiply line 15a by 12 (the number of months in a year).

15. Calculate your current monthly income for the year. Follow these steps:

x 12

15b. The result is your current monthly income for the year for this part of the form.

82,133.88

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Debtor 1 Kimberley Herbert Case number (if known)

16	. Calculate the median family income that applies to y	ou. Follow these steps:		
	16a. Fill in the state in which you live.	МО		
	16b. Fill in the number of people in your household.	2		
	16c. Fill in the median family income for your state and s	size of household.		_{\$} 61,310.00
	To find a list of applicable median income amounts, instructions for this form. This list may also be avail-	, go online using the link specified in		<u> </u>
17	. How do the lines compare?			
	17a.			
	17b. Line 15b is more than line 16c. On the top of 1325(b)(3). Go to Part 3 and fill out Calcu your current monthly income from line 14 at	lation of Your Disposable Income		
Par	t 3: Calculate Your Commitment Period Under 11 U	J.S.C. § 1325(b)(4)		
18.	Copy your total average monthly income from line 11	1.	\$	6,844.49
	Deduct the marital adjustment if it applies. If you are contend that calculating the commitment period under 11 spouse's income, copy the amount from line 13.	married, your spouse is not filing with U.S.C. § 1325(b)(4) allows you to do	you, and you educt part of your	,
	19a. If the marital adjustment does not apply, fill in 0 on I	line 19a.	- \$_	0.00
	19b. Subtract line 19a from line 18.			\$6,844.49
20.	Calculate your current monthly income for the year.	Follow these steps:		
	20a. Copy line 19b	•		_{\$} 6,844.49
	Multiply by 12 (the number of months in a year).			·
	multiply by 12 (the number of months in a year).			x 12
	20b. The result is your current monthly income for the year	ear for this part of the form		\$82,133.88
	20c. Copy the median family income for your state and s	size of household from line 16c		\$ <u>61,310.00</u>
	21. How do the lines compare?			
	☐ Line 20b is less than line 20c. Unless otherwis period is 3 years. Go to Part 4.	se ordered by the court, on the top of	page 1 of this form, check box	3, The commitment
	■ Line 20b is more than or equal to line 20c. Unl commitment period is 5 years. Go to Part 4.	ess otherwise ordered by the court, o	on the top of page 1 of this form	m, check box 4, The
Par	t 4: Sign Below			
	By signing here, under penalty of perjury I declare that the	ne information on this statement and i	in any attachments is true and	correct.
,	/ /s/ Kimberley Herbert			
•	Kimberley Herbert			
	Signature of Debtor 1			
	Date <u>August 8, 2019</u>			
	MM / DD / YYYY If you checked 17a, do NOT fill out or file Form 122C-2.			
	•	de ferro On Para OC 111 11		Constitute A.C. I
	If you checked 17b, fill out Form 122C-2 and file it with the	nis form. On line 39 of that form, copy	your current monthly income	from line 14 above.

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Fill in	n this info	ormation to ident	ify your case	:							
Debt	or 1	Kimberley He	rbert								
Debte (Spo	or 2 use, if filin	g)				_					
Unite	ed States E	Bankruptcy Court f	or the: Easte	ern District of M	lissouri						
Case (if kn	number own)							☐ Check i	f this is a	n amende	d filing
	_{al Form 1} apter	^{22C-2} 13 Calcul	ation of	Your Di	sposable	e Inco	ome				04/19
		form, you will nee Period (Official Fo		leted copy of	Chapter 13 Sta	tement of	f Your Currei	nt Monthly li	ncome an	d Calculati	ion of
space	e is neede	e and accurate as d, attach a separ es, write your nar	ate sheet to t	his form, Inclu	ide the line nur						
Part	1: Ca	Iculate Your Ded	uctions from	Your Income							
the	e questio	I Revenue Servic ns in lines 6-15. I may also be ava	o find the IRS	S standards, g	o online using						
ex	penses if t	expense amounts of they are higher that If do not deduct an	in the standard	ds. Do not inclu	ide any operatin	g expense	es that you su	btracted from	income i		
If y	our exper	nses differ from mo	onth to month,	enter the avera	age expense.						
No	ote: Line n	umbers 1-4 are no	t used in this f	orm. These nu	mbers apply to i	nformatior	n required by	a similar forn	n used in o	chapter 7 ca	ases.
5.	The nu	mber of people u	sed in detern	nining your de	ductions from	income					
	plus the	ne number of peop e number of any ad nber of people in y	dditional deper	ndents whom ye						1	
Na	ntional Sta	andards	You must use	the IRS Nation	nal Standards to	answer th	e questions in	n lines 6-7.			
6.		clothing, and otherds, fill in the dolla				tered in lir	ne 5 and the I	RS National		\$	727.00
7.	the doll people	pocket health ca ar amount for out- who are 65 or olde than this IRS amou	of-pocket heal erbecause ol	th care. The nu der people hav	ımber of people e a higher IRS a	is split into allowance	o two categor	iespeople v	/ho are ur	der 65 and	

Doc 1 Filed 08/08/19 Entered 08/08/19 16:19:33 Main Document Case 19-44960 Pg 56 of 74 Kimberley Herbert Debtor 1 Case number (if known) People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 1 7c. Subtotal. Multiply line 7a by line 7b. 55.00 Copy here=> \$ 55.00 People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 114 0 7e. Number of people who are 65 or older 7f. Subtotal. Multiply line 7d by line 7e. 0.00 0.00 Copy here=> 7g. Total. Add line 7c and line 7f \$ 55.00 Copy total here=> 55.00 Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 488.00 in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 979.00 listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment Home Point Financial 2,043.00 Mill Ridge Villas HOA 100.00 Copy Repeat this amount 2,143.00 2,143.00 9b. Total average monthly payment on line 33a. 9c. Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from line 9a (mortgage Copy 0.00 n nn or rent expense). If this number is less than \$0, enter \$0. here=>

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

0.00

Explain why:

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Debtor 1	Kimberley Herbert		case number (if known)	
11.	Local transportation expenses: Check the number	of vehicles for which you claim a	n ownership or operating e	xpense.
	☐ 0. Go to line 14.			

11.	Local transportation expenses: Check the number of vehic	cles for which you claim	an ownership or operating	g expense.	
	□ 0. Go to line 14.				
	■ 1. Go to line 12.				
	2 or more. Go to line 12.				
12.	Vehicle operation expense: Using the IRS Local Standards operating expenses, fill in the Operating Costs that apply for				190.00
13.	Vehicle ownership or lease expense: Using the IRS Local You may not claim the expense if you do not make any loan of more than two vehicles.				
Vel	Describe Vehicle 1: 2015 Nissan Pathfinder	56000 miles			
13a.	Ownership or leasing costs using IRS Local Standard		\$ 508.00		
13b.	Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles.				
	To calculate the average monthly payment here and on line 1 are contractually due to each secured creditor in the 60 mont bankruptcy. Then divide by 60.		at		
	Name of each creditor for Vehicle 1	Average monthly payment			
	Capital One Auto Finance	\$ 332.13			
	Total Average Monthly Payment	\$332.13	Copy here => -\$	Repeat this amount on line 33b.	
13c.	Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this number is less than \$0	, enter \$0	. \$175.87	Copy net Vehicle 1 expense here => \$	175.87
Vel	nicle 2 Describe Vehicle 2:				
13d.	Ownership or leasing costs using IRS Local Standard				
13e.	Average monthly payment for all debts secured by Vehicle 2. leased vehicles.	Do not include costs fo	r		
	Name of each creditor for Vehicle 2	Average monthly payment			
		\$			
	Total average monthly payment	\$	Copy here => -\$ 0.0	Repeat this amount on line 33c.	
13f.	Net Vehicle 2 ownership or lease expense Subtract line 13e from line 13d. if this number is less than \$0	, enter \$0	\$0.00	Copy net Vehicle 2 expense here => \$	0.00
14.	Public transportation expense: If you claimed 0 vehicles Public Transportation expense allowance regardless of v			 n the \$	0.00
15.	Additional public transportation expense: If you claimed 1 also deduct a public transportation expense, you may fill in w not claim more than the IRS Local Standard for <i>Public Transp</i>	hat you believe is the ap			0.00

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Debtor 1 Kimberley Herbert Case number (if known)

Oth	er Necessary Expenses	In addition to the expense of the following IRS categories		ns listed above	, you are allowed your monthly expense	s for	
16.	self-employment taxes, so your pay for these taxes. H	amount that you will actually p cial security taxes, and Medio However, if you expect to rece rom the total monthly amoun	oay for fe care taxe eive a tax	es. You may ind c refund, you m	d local taxes, such as income taxes, clude the monthly amount withheld from nust divide the expected refund by 12 for taxes.	\$	2,561.89
17.	Involuntary deductions: contributions, union dues,	The total monthly payroll ded and uniform costs.	uctions t	hat your job re	quires, such as retirement		
			b, such a	as voluntary 40	11(k) contributions or payroll savings.	\$	0.00
18.	filing together, include pay	ments that you make for you or life insurance on your depo	r spouse	's term life insu	e insurance. If two married people are trance. I spouse's life insurance, or for any form	\$	0.00
19.	administrative agency, suc	The total monthly amount the chass spousal or child support on past due obligations for sp	paymer	nts.	by the order of a court or You will list these obligations in line 35.	\$	0.00
20.		thly amount that you pay for					
	as a condition for your j	ob, or			•		
	for your physically or m	entally challenged dependen	t child if	no public educ	ation is available for similar services.	\$	0.00
21.		hly amount that you pay for coord		•	sitting, daycare, nursery, and preschool.	\$	0.00
22.	Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25.				\$	0.00	
23.	3. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.					+\$	0.00
24.	Add all of the expenses and Add lines 6 through 23.	allowed under the IRS expe	nse allo	wances.		\$	4,197.76
Add	litional Expense Deduction	ns These are additional of Note: Do not include a					
25.					nses. The monthly expenses for health ly necessary for yourself, your spouse, or	or	
	Health insurance		\$	250.00			
	Disability insurance		\$	0.00			
	Health savings account	-	⊦ \$	0.00			
	Total		\$	250.00	Copy total here=>	\$	250.00
	Do you actually spend this No. How much do	total amount? you actually spend?					
	Yes		\$				
26.	continue to pay for the reas	sonable and necessary care	and supp no is una	port of an elder ble to pay for s	e actual monthly expenses that you will ly, chronically ill, or disabled member of such expenses. These expenses may 29A(b)	\$	0.00
27.					enses that you incur to maintain the ses Act or other federal laws that apply.		_
		p the nature of these expens			error of the control	\$	0.00

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ebtor 1	Kimberley Herbert		Cas	se number (if ki	nown)				
	Additional home energy costs. Your hom ine 8.	e energy costs are includ	ded in your insuranc	e and opera	ating (expense	es on		
	If you believe that you have home energy on the fill in the excess amount of home er		he home energy cos	sts included	in ex	penses	on line		
	You must give your case trustee document amount claimed is reasonable and necessa		nses, and you must	show that th	ne ad	ditional		\$	0.00
,	Education expenses for dependent child \$170.83* per child) that you pay for your depublic elementary or secondary school.								
	You must give your case trustee document claimed is reasonable and necessary and r			explain why	the a	amount			
,	Subject to adjustment on 4/01/22, and eve	ery 3 years after that for o	cases begun on or a	fter the date	e of a	djustme	nt.	\$	0.00
ŀ	Additional food and clothing expense. This had the combined food and clothing than 5% of the food and clothing allowance	allowances in the IRS N	lational Standards. T						
	To find a chart showing the maximum addit nstructions for this form. This chart may als				sepa	rate			
`	You must show that the additional amount of	claimed is reasonable an	d necessary.					\$	0.00
	. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4).					ancial			
I	Do not include any amount more than 15%	of your gross monthly in	come.					\$	0.00
	Add all of the additional expense deduct	tions.						\$_	250.00
Dedu	ctions for Debt Payment								
lo To	or debts that are secured by an interest lans, and other secured debt, fill in lines to calculate the total average monthly paym	33a through 33e. ent, add all amounts that	are contractually du						
cr	reditor in the 60 months after you file for ba Mortgages on your home	nkruptcy. Then divide by	60.					Aver	age monthly
00-								payn	
33a.							=>	ъ	2,143.00
224	Loans on your first two vehicles							Φ.	200.40
33b.							=>	* —	332.13
33c.	Copy line 13e here						=>	\$	256.00
33d.	List other secured debts:								
Name	e of each creditor for other secured debt	Identify property that s	secures the debt		incl	es paym ude taxe nsuranc	es		
						No			
	-NONE-					Yes		\$	
						No			
						Yes		\$	
						No		· —	
								•	
						Yes	+	\$	
33e	Total average monthly payment. Add lines	s 33a through 33d		\$	2,73	1.13	Copy total here=	> \$.	2,731.13

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Kimberley Herbert Debtor 1 Case number (if known) 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? No. Go to line 35. ☐ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that secures the debt Total cure amount Monthly cure amount $\div 60 = \$$ -NONE-Copy 0.00 0.00 Total \$ here=> 35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. No. Go to line 36. ☐ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims 0.00 ÷60 \$ 0.00 36. Projected monthly Chapter 13 plan payment 500.00 Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by 5.70 the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total 28.50 28.50 here=> \$ Average monthly administrative expense 2.759.63 37. Add all of the deductions for debt payment. Add lines 33e through 36. **Total Deductions from Income** 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS 4,197.76 expense allowances Copy line 32, All of the additional expense deductions 250.00 Copy line 37, All of the deductions for debt payment 2,759.63 7,207.39 7,207.39 Total deductions..... Copy total here=>

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py your total cur	ır Disposable Income Under	11 U.S.C. & 1325(b)					
		0.0.0. 3 .020(5))(2)				
tement of Your (rent monthly income from lin Current Monthly Income and			od.		\$	6,844.49
Idren. The month ability payments for eived in accordan	or a dependent child, reported i ce with applicable nonbankrup	payments, foster can part I of Form 122	are payments, o 2C-1, that you		i (0.00	
ployer withheld fro 1 U.S.C. § 541(b)	om wages as contributions for o (7) plus all required repayment	إualified retirement إ	plans, as specifi			0.00	
al of all deductio	ns allowed under 11 U.S.C. §	707(b)(2)(A). Copy	y line 38 here	=> \$	7,207	7.39	
enses and you ha r expenses. You i	ave no reasonable alternative, o must give your case trustee a c	describe the special letailed explanation	l circumstances	and			
be the special ci	rcumstances		Amount of ex	pense			
Attorney's Fee	es (4300/60)	:	\$	71.67	_		
Co-Habitant C	h. 13 Payment	;	\$	645.00			
			\$				
		Total \$_	716.67	-	• •	716.67	
al adjustments. <i>i</i>	Add lines 40 through 43.		=>	\$	7,924.06	Copy here=> -\$	7,924.06
·		er § 1325(b)(2). Sub	otract line 44 fror	m line 3	9.	\$	-1,079.57
ange in income of the changed or are be your case will be filed your petition	or expenses. If the income in F virtually certain to change afte e open, fill in the information be n, check 122C-1 in the first colu	r the date you filed y low. For example, if mn, enter line 2 in t	your bankruptcy f the wages repo he second colur	petition orted in on, exp	n and during the creased after		
Line	Reason for change		Date of chan	ige	Increase or decrease?	Amount of c	hange
5-2 5-1 5-2 5-1 5-2 5-1					☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Decrease ☐ Increase	\$ \$ \$	
	ability payments feeived in accordancessary to be experienced in all qualified reployer withheld from 1 U.S.C. § 541(b) orified in 11 U.S.C. all of all deduction for special eness and you have been seen and you have rexpenses. You remstances and do be the special circle. Attorney's Feed Co-Habitant Co-Ha	ability payments for a dependent child, reported in eived in accordance with applicable nonbankrupt elevation in accordance with applicable nonbankrupt elessary to be expended for such child. In all qualified retirement deductions. The morployer withheld from wages as contributions for control of the property of the	ability payments for a dependent child, reported in Part I of Form 12: eived in accordance with applicable nonbankruptcy law to the extensessary to be expended for such child. In all qualified retirement deductions. The monthly total of all amployer withheld from wages as contributions for qualified retirement 1 U.S.C. § 541(b)(7) plus all required repayments of loans from retirecified in 11 U.S.C. § 362(b)(19). all of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy duction for special circumstances. If special circumstances justify denses and you have no reasonable alternative, describe the special rexpenses. You must give your case trustee a detailed explanation rumstances and documentation for the expenses. Attorney's Fees (4300/60) Co-Habitant Ch. 13 Payment Total \$	ability payments for a dependent child, reported in Part I of Form 122C-1, that you eived in accordance with applicable nonbankruptcy law to the extent reasonably eives in accordance with applicable nonbankruptcy law to the extent reasonably eives and to be expended for such child. in all qualified retirement deductions. The monthly total of all amounts that your ployer withheld from wages as contributions for qualified retirement plans, as specifi 1 U.S.C. § 362(b)(19). all of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here duction for special circumstances. If special circumstances justify additional enses and you have no reasonable alternative, describe the special circumstances ir expenses. You must give your case trustee a detailed explanation of the special umstances and documentation for the expenses. Attorney's Fees (4300/60) Co-Habitant Ch. 13 Payment Total Total Total 716.63 Attorney's Fees (4300/61) Change in Income or Expenses ange in income or expenses. If the income in Form 122C-1 or the expenses you re changed or are virtually certain to change after the date you filed your bankruptcy a your case will be open, fill in the information below. For example, if the wages report filed your petition, check 122C-1 in the first column, enter line 2 in the second columents in the properties of the pr	eived in accordance with applicable nonbankruptcy law to the extent reasonably reseasny to be expended for such child. In all qualified retirement deductions. The monthly total of all amounts that your ployer withheld from wages as contributions for qualified retirement plans, as specified 1 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as socified in 11 U.S.C. § 362(b)(19). all of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here	al adjustments. Add lines 40 through 43. Total To	all adjustments. Add lines 40 through 43. Copy Total Tot

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Part 4: Sign Below

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

X /s/Kimberley Herbert
Kimberley Herbert
Signature of Debtor 1

Date <u>August 8, 2019</u> MM / DD / YYYY

Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 02/01/2019 to 07/31/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: McKnight Place

Income by Month:

6 Months Ago:	02/2019	\$0.00
5 Months Ago:	03/2019	\$0.00
4 Months Ago:	04/2019	\$0.00
3 Months Ago:	05/2019	\$0.00
2 Months Ago:	06/2019	\$0.00
Last Month:	07/2019	\$3,846.16
	Average per month:	\$641.03

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Previous Employment

Income by Month:

6 Months Ago:	02/2019	\$5,987.00
5 Months Ago:	03/2019	\$5,080.00
4 Months Ago:	04/2019	\$8,165.00
3 Months Ago:	05/2019	\$0.00
2 Months Ago:	06/2019	\$0.00
Last Month:	07/2019	\$0.00
	Average per month:	\$3,205.33

Line 4 - Contributions to household expenses of the debtor or dependents

Source of Income: Co-Habitant Income

Income by Month:

6 Months Ago:	02/2019	\$869.20
5 Months Ago:	03/2019	\$3,653.30
4 Months Ago:	04/2019	\$1,879.02
3 Months Ago:	05/2019	\$3,096.07
2 Months Ago:	06/2019	\$4,991.21
Last Month:	07/2019	\$3,500.00
	Average per month:	\$2,998.13

Non-CMI - Social Security Act Income

Source of Income: **Social Security** Constant income of **\$144.00** per month.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

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Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

 $\frac{http://www.uscourts.gov/bkforms/bankruptcy_form}{s.html\#procedure.}$

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 19-44960 Doc 1 Filed 08/08/19 Entered 08/08/19 16:19:33 Main Document Pg 68 of 74

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Eastern District of Missouri

In 1	re Kimberley Herbert		Case No.				
		Debtor(s)	Chapter	13			
	DISCLOSURE OF COMP	ENSATION OF ATTO	RNEY FOR DE	EBTOR(S)			
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20 compensation paid to me within one year before the fi be rendered on behalf of the debtor(s) in contemplatio	ling of the petition in bankruptcy.	, or agreed to be paid	to me, for services re-			
	For legal services, I have agreed to accept		\$	4,800.00			
	Prior to the filing of this statement I have receive	d	\$	500.00			
	Balance Due		\$	4,300.00			
2.	\$310.00 of the filing fee has been paid.						
3.	The source of the compensation paid to me was:						
	■ Debtor □ Other (specify):						
4.	The source of compensation to be paid to me is:						
	■ Debtor □ Other (specify):						
5.	■ I have not agreed to share the above-disclosed cor	npensation with any other person	unless they are mem	bers and associates of	my law firm.		
	☐ I have agreed to share the above-disclosed competed copy of the agreement, together with a list of the r				ıw firm. A		
6.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:						
	 a. Analysis of the debtor's financial situation, and ren b. Preparation and filing of any petition, schedules, st c. Representation of the debtor at the meeting of cred d. [Other provisions as needed] Chapter 13: All Services as outlined in	atement of affairs and plan which itors and confirmation hearing, and	n may be required;	-	ruptcy;		
7.	By agreement with the debtor(s), the above-disclosed Representation of Debtor in an advers						
		CERTIFICATION					
this	I certify that the foregoing is a complete statement of a bankruptcy proceeding.	any agreement or arrangement for	r payment to me for r	epresentation of the de	ebtor(s) in		
	August 8, 2019	/s/ Jack J. Adams	s				
_	Date	Jack J. Adams 3					
		Signature of Attorne Adams Law Gro u					
		US Bank Building	ġ				
		One Mid Rivers I St. Peters, MO 63	Mall Drive, Suite 20 3376	00			
		636-397-4744 Fa					

contact@thinkadamslaw.com

Name of law firm

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United States Bankruptcy Court Eastern District of Missouri

In re	Kimberiey Herbert		Case No.	
		Debtor(s)	Chapter	13
	VERIFICA	TION OF CREDITOR N	MATRIX	
contai compl	The above named debtor(s) hereby cening the names and addresses of my crelete.	•		
		/s/ Kimberley Herbe	ort	
		Kimberley Herbert	.1 (
		Debtor		
		Dated: August 8	8. 2019	

Internal Revenue Service Centralized Insolvency Operation P.O. Box 7346 Philadelphia, PA 19101-7346

US Attorney - Eastern District of MO Thomas Eagleton U.S. Courthouse 111 S. 10th Street, 20th Floor Saint Louis, MO 63102

Office of The United States Trustee Thomas Eagleton U.S. Courthouse 111 S. 10th Street, 6th Floor Saint Louis, MO 63102

Missouri Department of Revenue Collection Enforcement Taxation Division P.O. Box 854 Jefferson City, MO 65105

Experian 475 Anton Blvd. Costa Mesa, CA 92626

TransUnion PO Box 2000 Crum Lynne, PA 19022

Equifax 1550 Peachtree St NW Atlanta, GA 30309

Driver License Bureau 301 W High Street Room 470 Saint Louis, MO 63105

Region 7 Coordinator, Office of Regional U.S. Environmental Protection Agency 901 N 5th Street Kansas City, KS 66101

Account Resolution Corp. 700 Goddard Avenue Chesterfield, MO 63005

Advantage PO Box 8833 Wilmington, DE 19899

Alltran Financial, LP PO Box 722929 Houston, TX 77272 Ameren UE 1132 Locust Street Saint Louis, MO 63101

American Express PO Box 981537 El Paso, TX 79998

American Express PO Box 981535 El Paso, TX 79998

Barclays Bank Delaware PO Box 8803 Wilmington, DE 19899

BJC Health Care P.O. Box 953798 Saint Louis, MO 63195-8410

Bryant State Bank 500 E. 60th Street Sioux Falls, SD 57104

California Franchise Tax Board PO Box 942687 Sacramento, CA 94267

Capital One Attn: General Correspondence PO Box 30285 Salt Lake City, UT 84130

Capital One Attn: General Correspondence PO Box 30281 Salt Lake City, UT 84130

Capital One Auto Finance 7933 Preston Road Plano, TX 75024

CarMax Finance PO Box 440609 Kennesaw, GA 30160

Citi PO Box 6077 Sioux Falls, SD 57117

Citicards CBNA PO Box 6241 Sioux Falls, SD 57117 Consumer Collection Management P.O. Box 1839 Maryland Heights, MO 63043

Credit One PO Box 98878 Las Vegas, NV 89193

Credit One Bank
P.O. Box 98872
Las Vegas, NV 89193

DIscover PO Biox 15316 Wilmington, DE 19850

Discover Financial Services PO Box 15316 Wilmington, DE 19850

Dr. Greg Berg 1235A Queens Court Saint Peters, MO 63376

Dr. Mark Tullman 3009 N Ballas Road Saint Louis, MO 63131

First BankCard PO Box 3331 Omaha, NE 68103

First National Credit 500 E 60th Street North Sioux Falls, SD 57104

First Savings Credit Card 500 E. 60th St. Sioux Falls, SD 57104

FNB Omaha PO Box 3412 Omaha, NE 68197

FSB Blaze 500 E 60th Street Sioux Falls, SD 57104

Home Point Financial PO Box 619063 Dallas, TX 75261

Hood & Stacy P.A. PO Box 271 Bentonville, AR 72712 Jordan Marie Heiliger 14211 Abor St. Suite 100 Omaha, NE 68144

JP Morgan Chase PO Box 469030 Denver, CO 80246-9030

JPMCB Card Services PO Box 15369 Wilmington, DE 19850

LTD Fiancial Services 3200 Wilcrest Suite 600 Houston, TX 77042

Marriott Bonvoy PO Box 151233 Wilmington, DE 19850

Medical Diagnostic Imaging 226 S. Woods Mill Road Saint Louis, MO 63141

Mercury Card 1415 Warm Springs Rd. Columbus, GA 31904

Merrick Bank PO Box 9201 Old Bethpage, NY 11804

Merrick Bank PO Box 660702 Dallas, TX 75266

Mill Ridge Villas HOA 242 Old Sulphur Springs Rd. Ballwin, MO 63021

Portfolio Recovery Assoc PO Box 12914 Norfolk, VA 23541

Robin Flores 153 Amiot Court Saint Louis, MO 63146

Sequium Asset 1130 North Chase Parkway Suite 150 Marietta, GA 30067 Show Mastercard PO Box 5161 Sioux Falls, SD 57117

Simm Associates 800 Pencader Drive Newark, DE 19702

St. Luke's Hospital 232 S. Woods Mill Road Chesterfield, MO 63017

Synchrony Bank PO Box 5138 Lutherville Timonium, MD 21094

Tef Bank 200 Lake Street East Wayzata, MN 55391